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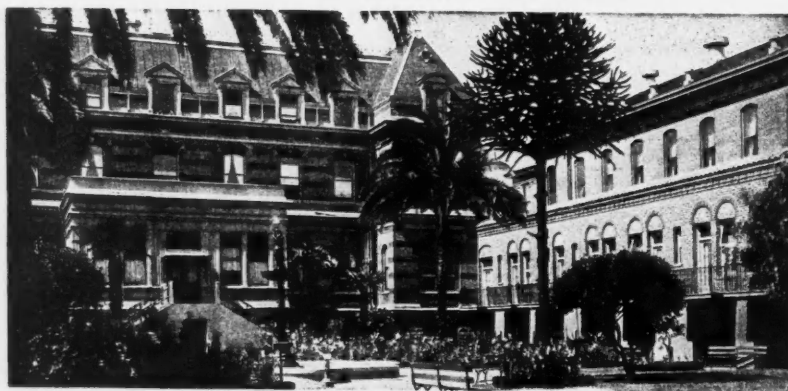


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Responsibility for Statements and Conclusions in Original Articles.—Authors are responsible for all statements, conclusions and methods of presenting their subjects. These may or may not be in harmony with the views of the editorial staff. It is aimed to permit authors to have as wide latitude as the general policy of the Journal and the demands on its space may permit. The right to reduce or reject any article is always reserved.

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Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its office requesting a copy of this leaflet.

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EDITORIALS†

CORONADO ANNUAL SESSION OF MAY 6-9, 1940

Coronado Annual Session Well Attended.

The records of the sixty-ninth annual session of the California Medical Association, held at Coronado, in San Diego County, now belong to the history of the past. Registration figures totaled 1,674, including 1,254 members of the California Medical Association, 76 guest physicians, 270 members of the Woman's Auxiliary, 21 medical students, and 53 exhibitors. The general opinion as to this year's session is one of approval, both regarding the scientific assemblies and the entertainment and other features, and this in spite of handicaps due not only to the limited number of available meeting rooms (a defect it was necessary to overcome by planning and constructing seven new rooms), but also because the many pillars in the lobby necessitated considerable thought in order to create booths for technical displays that would be satisfactory to the commercial exhibitors.

* * *

Innovation of General Sessions Each Morning a Success.

The new plan of having four general sessions, one each morning, with no meetings by any of the twelve scientific sections of the Association or affiliated organizations to distract, was carried through with gratifying results, as was evident from the large and interested audiences. As is well known to members who have attended the annual sessions, a decided falling off in attendance at meetings held on the last, or Thursday morning, of an annual session has been observed in former years. Such was not the case this year at Coronado, either on Thursday morning, or even on Thursday afternoon; at which latter time there was a well-attended meeting of the Section on General Surgery. Sections should feel free to carry their programs over into Thursday afternoon.

* * *

Preliminary Meetings of Study Groups on Sunday.—The preliminary conferences and study groups whose members met on Sunday—immediately preceding the opening meeting on Monday morning—were also well attended. For example,

† Editorials on subjects of scientific and clinical interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column which follows.

there were more pathology conference applicants, who had brought their microscopes, than could be accommodated. The need of preliminary registration, then, for these valuable Sunday courses becomes increasingly important for all who wish to participate therein; and members who are interested should promptly send in their applications when the "Pre-Convention Bulletin" first gives the necessary information.

In addition to the pathologic and radiologic conference and study groups, which have been holding Sunday sessions during the past several years, two well-attended "Clinical Meetings on Cancer" were held, and also, a new conference on "Skin Pathology." The California Heart Association was rewarded with good audiences, but, due to the need of larger accommodations, it has under contemplation the plan of henceforth holding its meetings on Sunday.

Appreciation is expressed to the members and organizations who cooperated through presentation of exhibits in the scientific sections. Planning for scientific exhibits at next year's Del Monte session should not be delayed.

Because of lack of rooms of adequate number and size to accommodate the twelve scientific sections and other official activities of the Association, practically all holding meetings each afternoon, it is evident that affiliated organizations and groups desiring to gather together at the same time and place as the annual session, will hereafter be obliged to hold their sessions on Saturday and Sunday, immediately preceding the opening day of the Association's annual conference. Such readjustment should not work much hardship, because weekend absences from private practice are more easily arranged by most physicians. Also, a Saturday-Sunday arrangement will have appeal to many members who wish to be present not only at the accessory meetings referred to, but also at one or two days of the Association's annual session. Moreover, such fitting-in of programs, held at the same time of the year by affiliated or collateral specialty groups, makes for economy in expense and time for all desiring to attend. Since meeting rooms set aside for the Association's groups are all available for collateral organizations on Saturday or Sunday, the serious problem of providing ample accommodations would then be solved.

* * *

Annual Session of 1941 at Del Monte.—It will be gratifying to many to learn that next year the California Medical Association will meet at Hotel del Monte. If contemplated changes in construction are carried through by the Hotel management, it should be possible to provide better facilities than heretofore at this delightful meeting place in the Monterey region. The dates of convening, probably some time in May, 1941, will be determined later by the Council (most likely at its June meeting).

* * *

The Association Welcomes President Harry H. Wilson, President-Elect Henry S. Rogers, and Other Officers.—Welcome is extended to the officers and committeemen upon whom have

now devolved the obligations of office through election or appointment at Coronado, and whose names appear in the minutes of the official proceedings, as given on other pages in this issue.*

President-Elect Harry H. Wilson of Los Angeles took over the duties of the President upon the adjournment of the House of Delegates on Wednesday evening, May 8. To Doctor Wilson, therefore, are extended the good wishes of the members of the Association throughout the State for a year of successful service, and also their assurance of cordial cooperation in all endeavors that will continue to make the California Medical Association a powerful force in the advancement of public health and medical-practice needs and activities in this commonwealth.

A hearty welcome is also extended to President-Elect Henry S. Rogers of the Sonoma County Medical Society, whose long record of efficient and generous service brought to him this merited honor.

Thanks, likewise, go to the retiring president, Charles A. Dukes of Oakland, who gave of himself unsparingly during the past two years to contact the members of the component county societies, and to outline to them the policies to which the American and California Medical Associations have long committed themselves.

The newly elected members of the Association Council are: Louis A. Packard (Third District), Bakersfield; R. Stanley Kneeshaw (Fifth District), San Jose; John W. Cline (Sixth District), San Francisco; John W. Green (Ninth District), Vallejo; Edward B. Dewey (Councilor-at-large), Los Angeles; Dewey R. Powell (Councilor-at-large), Stockton; and to them and to delegates and committeemen who now take on their respective work, cordial welcome is likewise extended.

* * *

Thanks to the Local Committee on Arrangements.—Comments on the Coronado annual session would be incomplete if reference were not made to the cordial cooperation given to the Association Secretary by the officers and members of the San Diego County Medical Society, and by the local Committee on Arrangements, of which Councilor C. O. Tanner was chairman. Their attention to parking, entertainment and other details played a real part in the success of the sixty-ninth annual session; and the handsomely illustrated and informative "Bulletin of the San Diego County Medical Society: Special 1940 Convention Edition," brought out by F. E. Toomey and P. E. Wedgewood, is worthy of special mention.

All in all, the 1940 annual session at Hotel del Coronado measured up in excellent fashion to the best traditions of the past.

1939 REPORT OF THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA

A report of the California Board of Medical Examiners should always be of interest to members of the medical profession of the state. This Board, as at present constituted, consists of the

* For minutes of the House of Delegates, see page 260; of Council minutes, page 297.

following members: William R. Molony, Sr., M.D. (president), Los Angeles; Clark L. Abbott, M.D. (vice-president), Oakland; Charles B. Pinkham, M.D. (secretary-treasurer), San Francisco; Alvin E. Cerf, M.D., San Francisco; Fred R. DeLappe, M.D., Modesto; Percival Dolman, M.D., San Francisco; William H. Geistweit, M.D., San Diego; Charles E. Schoff, M.D., Sacramento; William A. Swim, M.D., Los Angeles; George Thomason, M.D., Los Angeles.

The Board of Medical Examiners operates under the general supervision of the Director of the California Department of Professional and Vocational Standards, and, in addition to its regular members, there is a clerical staff and also an investigation department, consisting of three special and two assistant agents—two for northern California, having headquarters at 515 Van Ness Avenue, San Francisco; and three for southern California, having offices at 906 State Building, Los Angeles.

At midnight of September 19, 1939, eleven new statutes relating to the California Medical Practice Act became laws. A statute of especial interest was Senate Bill 234, now on the legal codes as Chapter 281, Statutes 1939, which relieves graduates of Canadian medical schools from the internship requirements demanded of those hailing from foreign medical schools.

In 1938, 408 physicians filed applications for registration, but last year only 338 submitted such applications, or 70 less than during the previous year.

In 1939, 200 physicians were licensed through reciprocity certificates, the New York Board being credited with 23 licentiates; Nebraska, 22; and Illinois, 21.

A total of seventy physicians who had been licensed by the California Board of Examiners applied for reciprocity certificates, to be presented to examining board in other states.

A responsibility of the State Board of Medical Examiners, taken on in 1939 through a law enacted in that year, has to do with the registration of dispensing opticians (Chapter 955, Statutes 1939). Under the new statute, a total of ninety-two certificates were issued and registered to dispensing opticians.

As regards written examinations of applicants who appeared before the California Board in 1939, the following comment is made concerning the four Class A medical schools in California:

The University of Southern California School of Medicine made a perfect examination score in 1939, as they did in the year 1938. The University of California Medical School graduates took second place and the College of Medical Evangelists ranked third. The percentage of failures for graduates of medical schools outside of California was the same as the prior year, *i. e.*, 9 per cent.

Fifty-one graduates of foreign medical schools took the written examinations in 1939, twenty-three coming from Canadian schools (McGill, 22; Alberta, 1).

Interesting information is also given in the reports of the legal and investigation departments for the northern and southern sections of the state.

During the year, ten physicians submitted legal changes in their names; and during the year 1939, of medical graduates licensed to practice in California, death came to 263.

MEDICAL EDUCATION IN THE UNITED STATES

The Council on Medical Education and Hospitals of the American Medical Association recently brought off the press a volume discussing medical education in the United States for the period 1934-1939, attention being called to the progress that had been made in medical schools in this country from the time the American Medical Association, in 1901, took up its initial survey of such institutions.

The number of approved schools in the United States and Canada, existing at the present time, is 87, a total of 375 medical schools now being extinct or not approved.

There are 66 schools of medicine in the United States in which four-year courses are given, and 57 of these are affiliated with universities; and as regards this latter group, 24 receive tax-support in addition to other endowment. These tax-supported institutions include 21 state and 3 municipal universities. In the group of 33 nonuniversity medical schools, 8 have received partial support through church affiliations.

The reports do not favor the plan of medical school organization and administration in which preclinical studies are carried on in one city and the work of the clinical branches of the last two years in another; it being contended that such division is neither good for the university nor for the advancement of medical education.

The survey brought out the interesting fact that salaries for professors in basic-science departments of medical schools range from \$2,240 to \$16,000.

In a discussion of student personnel, note was made that applicants for matriculation are more than twice as many as can be accepted with existing facilities. Attention was also called to the modern-day, careful inspection of the scholastic qualifications of the prospective medical students, not only through examination of college credits submitted, but through evaluation of aptitude tests and of other scholastic records.

Of the sixty-six schools conferring the degree of Doctor of Medicine, only fourteen demand a year of internship before the degree is granted. In this group are listed the four California Class A medical schools: California, Stanford, the University of Southern California, and the College of Medical Evangelists.

The value of clerkships during the clinical years and the importance of adequate library and clinical facilities are also stressed.

The annual maintenance cost of the sixty-four schools of medicine offering a four-year course come to \$21,491,248 of which amount, \$17,047,865 were allocated to instructional costs.

An analysis of the cost, per student, in credit hours in professional schools shows that medical education is more expensive than that of other professions: the credit-hour outlay per student being

listed as \$26.96 in medicine, as against \$15.87 in dentistry, \$11.05 in law, \$10.52 in engineering, and \$5.92 in commerce.

Income sources that may be drawn upon in medical schools attached to state and municipal universities amount to \$693.91 for each student; but in medical schools not so affiliated, the income sources are available up to \$1,230.78 per student.

The average of general hospital beds available per student was 14.2; the figure for San Francisco given as 24.5, and for Los Angeles, 19.7 beds.

The reports contain much other information of value, and the data cited above should be of interest both to recent and older graduates. Physicians attached to medical faculties, therefore, may wish to scan further the text of the departmental surveys.

NEW NARCOTIC REGULATIONS

Instructions Should Be Read.—On page 306, in this issue of the *OFFICIAL JOURNAL*, appears a notice received from the Division of Narcotic Enforcement of the State of California* regarding the new regulations governing the writing of prescriptions for narcotic drugs, which will go into effect on July 1, 1940, as provided in a law enacted by the California Legislature in 1939. All physicians who are authorized to write narcotic prescriptions will receive their first forms and instructions from the Department. Thereafter, request must be made for the blanks.

Special attention is called to this new law and its provisions, since nonobservance by a physician may lead to more than embarrassment with the constituted state authorities, whose duty it is to enforce the provisions of the Act. Take time, therefore, to read the announcements by the State Narcotic Department, whose officials, through Chief Paul E. Madden, have endeavored to provide blanks that may be given to patients without revealing the nature of the drugs prescribed. Cordial cooperation between members of the medical profession, the state authorities and others concerned, will go far in eliminating misunderstanding and friction.

ON VARIOUS TOPICS

Accidental Deaths in California in 1939.—Last year California recorded 6,092 deaths due to accidents in a total of 77,093 deaths from all causes. Among the deaths due to accidents, 408 were of occupational nature, 1,645 occurred in the home, 2,831 were due to public motor-vehicle causes, and 1,151 to public factors, exclusive of motor-vehicle relationship.

It is interesting to note that, in California, deaths due to accidents were exceeded in number only by the following: diseases of the circulatory system

(25,703), this figure showing, if subdivided by major age groups: 3,415 deaths between ages 65 and 69; 3,739 between 70 and 74; 3,930 between 75 and 79; 3,010 between 80 and 84; other age groups in lesser numbers; cancer (9,652); and diseases of the nervous system (6,931). Worthy of special note, also, is the fact that, in spite of the lure the State of California holds for patients afflicted with tuberculosis, there were, in 1939, only 3,906 deaths due to tuberculosis in all its forms.

By age periods, the principal cause of death between the age group 1 to 39 was due to accidents; tuberculosis having second place in the age period 5 to 39.

* * *

Honorary Membership to Lay Citizens in Medical Societies.—A recent letter sent to its members by the Wayne County Medical Society (Detroit), in announcing a meeting program, contained these paragraphs:

The necessity of the medical profession using its every influence in helping to maintain the American way of life in America is increasingly important. The theme of the evening will center around the citizenship of the doctor and the present importance of the influence of the medical profession, not alone as relating to domestic problems but in its relationship to international problems. . . .

Five honorary memberships will be given to outstanding citizens, representing aspects of life important to the medical profession and America, viz.: Business, the Judiciary, Civic and Political Affairs, and the Arts and Sciences.

Mention is made of the action taken by this prominent component county medical society because it may be worthy of consideration by other units in organized medicine. If such type of membership is adopted by a medical society, it naturally follows that the bestowal of the honors should have received most careful preliminary thought; and also that the presentation of the honorary memberships be done with dignity, and in proper time and place. Nor should it be forgotten, in connection with any organization, that "honorary membership" is esteemed, in good part, in proportion to the reputation of those who are the recipients of such honors. When such a form of membership is authorized, its worth should be properly maintained to make it of real value to a medical association.

* * *

Alabama Resolution Concerning the Patenting of Drugs or Medical Appliances.—A resolution recently received, and appearing below, will probably cause considerable discussion; since much can be said in favor of moderate royalties when levied by nonprofit foundations, and the proceeds of which are used to promote further research in medicine. A pertinent query which could be put, therefore, is this: Can the profits from royalties demanded by nonprofit foundations, whose objects are the advancement of medical science, do greater good for humanity than would accrue if such royalties were not demanded?

The nonprofit foundations usually stipulate that the quality of their products shall be maintained, that being one of the reasons patents are taken out. It is to be regretted, of course, if the royalties

* Address of the Department is 156 State Building, San Francisco.

Narcotic laws are listed under Division 10 of Health and Safety Code. Under Chapter 1097, Statutes of 1939, and amendments: Chapter 60, approved April 7, 1939; Chapter 1097, approved July 25, 1939; and Chapter 1079, approved July 25, 1939.

demand are of such excessive amount as to work hardship on the sick.

Resolutions follow:

The Medical Association of the State of Alabama begs to call to your attention the following important resolution adopted by it on April 18, 1940:

WHEREAS, There is a growing tendency to patent drugs in the name of universities and foundations in connection with universities; and

WHEREAS, These patents are presented to the institutions by the discoverers; and

WHEREAS, The discoverers of the products are usually medical men; and

WHEREAS, The effect of the patents is to increase the price of the drugs because of the royalties imposed by the said foundations; and

WHEREAS, A considerable proportion of patients in need of the new products are prevented from buying them by reason of the necessarily high prices asked; and

WHEREAS, This hardship is imposed upon the needy public through the acts of the discoverers under the guise of foundations; be it

Resolved, That the Medical Association of the State of Alabama condemns as unethical the patenting of drugs or medical appliances for profit whether the patent be held by a physician or be transferred by him to some university or medical research foundation, since the result is the same, namely, the deprivation of the needy sick of the benefits of many new medical discoveries through the acts of medical men; and be it further

Resolved, That copies of these resolutions be sent to the leading medical associations and journals, to the leading medical colleges of the United States and Canada, and to the secretaries of all state medical associations as well as to that of the District of Columbia.

* * *

The Case for Private Medicine.—The news service of the Chamber of Commerce of the United States recently called attention to an illustrated article of twenty-two pages in the May issue of its official publication, *Nation's Business*, having the caption, "The Case for Private Medicine," the reprints of which may be secured at 10 cents per single copy, \$6 per hundred; or \$5 per hundred in lots of 1,000 or more.*

The article presents an excellent summary of a much-discussed subject, and the distribution of the pamphlet to citizens of influence in local communities and organizations is worthy of consideration. The expense involved is slight, in comparison with the good that could be achieved. A copy of the pamphlet on the reception-room table of every physician would carry on educational work of real value. All practitioners, then, who care to keep themselves informed concerning legislative trends in relation to medical practice and the public health may well send for a copy of this valuable reprint. It is good reading, obtainable at very moderate cost.

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 260.

Note.—In compliance with the recommendations of the Survey Committee that the "Official Journal" contain not more than 96 pages, recent issues have been so limited. This June number exceeds the 96-page size by one 8-page

form. The importance of the official minutes of the House of Delegates necessitated the use of extra pages. Regular departments have been correspondingly decreased.

EDITORIAL COMMENT†

THE USE OF ELECTRICAL CAUTERY IN OFFICE PRACTICE OF GYNECOLOGY

The cautery is a valuable adjunct in the gynecologic care of patients. It is useful to destroy unhealthy granulations or infected tissue; destroys retention cysts in the cervix. It may also be used to excise small growths.

Cauterization should never be performed on an acute or subacute inflammation of the cervix. Acute or subacute salpingitis contraindicates the use of the cautery. Some authors report good results from cautery treatment of chronic endocervicitis during pregnancy; nevertheless, I would hesitate to use it at this time, since the patient might abort subsequently and believe that the loss of the pregnancy had resulted from the cautery treatment. A retroflexion of the uterus interferes with drainage of the cervix, and patients with retroflexion should not be cauterized unless the uterus can be replaced and supported with a proper pessary.

Many types of cautery have been used. Hanner prefers the Paquelin cautery. However, the thin-bladed cautery knife, first recommended by Dickinson, is the most satisfactory. Different types of tips are needed for different conditions. A patulous cervix, with chronic endocervicitis, requires a blade at least three-fourths of an inch long. A fine-pointed tip or a small loop may be used to open and destroy superficial cysts. A fine tip is used to destroy Skene's ducts. A cautery handle with a pressure control is necessary.

The technique involved is as follows:

A suitable bivalve speculum is introduced into the vagina, and the mucous discharge thoroughly removed with cotton balls. A suitable cautery tip is selected and the transformer connected. Occasionally it is necessary to grasp the cervix with a single-toothed Volsella. The cautery tip is then placed against the area to be incised and the current turned on by pressing the contact button on the cautery handle. As a rule it is only necessary to cauterize the glands near the external os and the area of erosion. Nabothian cysts are punctured and destroyed.

Patients, as a rule, complain of very little pain. If an extended procedure is necessary, the patient should be taken to the hospital and a general anesthetic administered.

350 Post Street.

ABRAHAM BERNSTEIN,
San Francisco.

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

* Address: Chamber of Commerce of the United States, Washington, D. C.

ORIGINAL ARTICLES

FRONTIERS OF MEDICINE STILL LIE AHEAD*

ADDRESS OF THE PRESIDENT

By CHARLES A. DUKES, M.D.
Oakland

SPEAKING before the medical graduates of the University of the Pacific in 1862, Dr. Henry Gibbons said: "You enter the profession at the most interesting period that has ever marked its history. It is the day of great achievements."

These words are as applicable today as when they were uttered by Doctor Gibbons seventy-eight years ago. Today and every day is always the day of great achievement in medicine. The frontiers of medicine still lie ahead!

MEDICINE'S STRUGGLE

There are many here who have watched the struggle of medicine upward, from the clinging witchery of ignorance, fear and superstition, to become the greatest factor for the advancement of the human race in the world today; and indeed, this struggle has contributed in no small measure to that advancement here in California. Yours is a glory that shall inspire future generations, even as you were inspired to higher achievements by the great men of yesterday.

TOMORROW WILL BE AS TODAY

To the younger physician, standing on the threshold of tomorrow, let me say we wish you well and cheer you on, and perhaps watch you enviously; for when the tomorrows become your todays, you, too, will have begun to blaze new and glorious trails in the onward march of medicine.

Much has been accomplished: much, much more remains to be accomplished.

Let me suggest that the fate of Aesculapius, the Greek god of medicine, is not likely to be yours. Aesculapius, you will recall, became so proficient in the healing art that Pluto accused him of diminishing the number of shades in Hades; and he was, therefore, destroyed by the thunderbolt of Zeus.

MISINTERPRETATIONS OF PARÉ AND GROSS

Paré, in the preface to his work on surgery in 1582, said, in effect, that, excepting for unimportant details, nothing more was to be added to the science of surgery.

Within the memory of living man, in 1882, three hundred years after Paré's discouraging pronouncement, Dr. Samuel D. Gross, as president of the American Surgical Society, boldly stated: "All avenues of approach to surgery have been investigated."

Nothing was left for the surgeons in the future, beyond acquiring what was already known, but perfecting their technique. Yet I should not have

the time, even if you had the patience, to recount the achievements in surgery during our brief span of time on earth.

CALIFORNIA MEDICINE IN ITS INDIAN, SPANISH, AND AMERICAN PERIODS

The years have not been so many since the only medicine practiced in California was that of Indian lore. Then came the days of the Spanish Californians and, finally, the Americans. Again, within the memory of many here today, the first telephone in a physician's office was installed—an event, by the way, which inspired no little acrimonious discussion among the more conservative of our profession.

CALIFORNIA EPISODES

Nor have the years been so many since the San Francisco fathers soberly debated the advisability of spending money for a hospital when it was sorely needed for a jail—finally, compromising by renting an abandoned ship in the harbor!

About this time the Chinese brought to our shores, along with their various diseases, the medicine of their forefathers, not the least of which was Li Po Ti's famous "cure" for cancer, which included such tasty remedies as pickled lizards, rattlesnake's tails, bird's claws, and coffin nails. For a good many years, until the newly formed medical societies began to evince a civic consciousness, quackery in its every form flourished openly in the large population centers.

That seems a long time ago. But 1901 was not so very far back, and then we found San Francisco plague-ridden, with city and state and federal authorities locked in a bitter struggle. Said some: A quarantine against plague-carrying ships would retard commercial progress, the word would spread and the fair name of the city would be clouded. The Governor of California, spokesman for certain interests, in the face of undeniable proof presented by bacteriologists of the State Board of Health, therefore declared there was no plague. It required a neutral federal commission, plus the untiring efforts of the medical profession, to establish a quarantine and, of course, a state-wide scandal resulted. It is significant, I think, that a physician sat in the governor's chair after the next election. He was Dr. George C. Pardee, today one of Oakland's most valuable citizens, honored by his fellowmen for unselfish devotion to the welfare of his community. As Governor at the time of the San Francisco fire, Doctor Pardee safeguarded the health of the city through prompt sanitary measures and thus prevented the fire disaster from becoming also a health disaster overnight.

CALIFORNIA MEDICINE: AMERICAN PERIOD

Medical history, like any other history, is valuable only in proportion to the understanding we are able to derive from it. California's medical history, due to a variety of natural factors, is perhaps more exciting than that of any other state. We have spoken of the development of medicine through three occupancies—Indian, Spanish Californian, and American. Through the early period

* Address of the President, sixty-ninth annual session of California Medical Association, May 6-9, 1940, Coronado.

of the American phase the spirit of adventure and the lure of easy riches were the paramount motivating forces in the land. I suspect that many a good physician responded to the spirit of the times and was lost to his profession.

Yet all through that period we hear the occasional bells of truth ring forth—harbinger of a better tomorrow. We see grave and earnest men in this pioneer land quietly devoting their lives to the science of medicine as they knew it: ever reaching outward for new truths; struggling against the clutching talons of superstition and ignorance that stretched out from the past; knowing, in their hearts, that they were as children on the threshold of a new and thrilling future. Even as you and I!

We may say to ourselves that life was simple then. But life was *not* simple. Life never is simple to the living generation, and is less so now than ever before. The physician of early California was obliged to practice under the most trying difficulties, not all of them physical; even then the birth pains of social change were beginning to be felt. To us, it may seem that all the elements of social change were being gestated in the womb of time, to be laid finally, squalling, on our doorstep.

CALIFORNIA PHYSICIANS' SERVICE

Just as we have dedicated ourselves to the advancement of scientific medicine, so we have recently devoted a part of our time and energies to this strange new child, which is neither of scientific birth nor medical parentage. We have taken this nameless offspring into our home and have placed it under the care of a competent nurse in the form of the California Physicians' Service.

The young physician about to take over his share of the obligations of medicine in California will not, if he is wise, congratulate himself that he will be rid of this particular one. On the other hand, he will do well to take a postgraduate course in social medicine and its care and upbringing. Just as the tomorrows will bring better methods and techniques, new discoveries in medicine and surgery, so will they bring new problems in the economic relationship of the physician to the people.

DRAPER'S CONCEPT OF A PHYSICIAN

In this connection, I like to ponder the wisdom of George Draper, who said: "A priest is said to be a man of God. But a physician is properly a man of men. He must live with men, work with them, fight with them, crawl, walk, and run with them, know the stench of their bones and the music of their souls, and accept them. Only thus can he learn neither to fear nor to despise anything they may do or be. Only thus can the doctor apprehend the nature and language of men."

These words I interpret as a warning to those among us who prefer to live remotely with the gods, as individuals above and removed from the common clay. If we are properly men of the people, we cannot live remote from the people. Their problems become ours; we must not hold ourselves aloof. We perhaps remained aloof too long when, in the black depression years, distant rumblings

presaged a changing era in the field of medical and hospital service for a rapidly expanding, low-income group.

THE AMERICAN PHYSICIAN OF TODAY

Speaking on this subject, Dr. Nathan B. Van Etten, now President of the American Medical Association, had this to say:

The American physician represents the most highly educated group of the community, but he rarely functions as a citizen. How can the medical profession expect consideration from our lawmakers while the physician stands aloof from the actual exercise of citizenship? It seems more important now than at any time in our history that physicians should take positions of leadership in public activities. Someone has said recently that many people pass unconsciously from adolescence to obsolescence. Unless American physicians can be aroused from their civic adolescence, a similar judgment will be their inheritance.

Doctor Van Etten's words merit serious consideration. While it is true that here in California a good many physicians are giving a share of their time to public affairs, it is equally true that they represent a very small minority of the profession. I should say, however, that the giving by a physician of his time and efforts toward a solution of the economic problem as it applies to the physician and his patient, is doing the part of a good citizen.

The medical profession has been accused of being out of step with the times. That is a false accusation. Our business is to heal and to prevent sickness, and unless we can reach that goal our work has gone for naught. The painter strives to achieve a great painting, the poet a great poem, the writer a great book; and it is so with us. We strive to fulfil the obligations which go with our calling—to heal, to make well, to prevent illness.

MEDICAL ECONOMICS

It is unfortunate that in the noble profession to which we are dedicated, the matter of paying for medical care must be considered a prime essential. Yet such is the case. The physician also has a family to support, and his personal problems are no different from those of the patients who come to his office. Yet he is fully aware of the necessity for some plan, some system, by which the average man can receive medical and hospital care, and at the same time retain his self-respect as a good citizen.

The necessity for such a plan was driven home to me on a recent tour of the State in which, in my official capacity, I visited the medical societies of thirty-four counties.

MEDICAL SERVICE THROUGH CALIFORNIA PHYSICIANS' SERVICE

One of the country's outstanding experiments in the budgeting of medical costs is the California Physicians' Service, sponsored by the California Medical Association. The California Physicians' Service does not make any change in the costs of medicine and hospital, but does show the way for the patient to meet his bills, and therefore, of course, tends greatly to enlarge the physicians' field of endeavor. Again I wish to emphasize this point: the California Physicians' Service does not repre-

sent an effort to reduce income to the member physicians. Its set-up is designed to aid equally the beneficiary member and the physician member, without loss to the former of the usual high quality of service to which he is entitled, nor to the latter of the usual prerogatives of the physician. It is strictly a nonprofit institution and is operated on a very small overhead. It maintains in every way the time-tried relationship of physician and patient.

This activity, of which you will hear more this morning, needs and deserves the active coöperation and participation of every physician.

If a changing manner of payment for medical services is an inevitable and integral part of modern times, then it follows that the charging of exorbitant fees has no place in the picture; for this practice not only tends to alienate the public, but also is being frowned upon by our profession. I have undertaken to show that the medical profession can no longer remain remote from the people. More and more, through various channels, we are taking the public into our confidence. But no physician can long succeed who regards his patients as a gold-bearing placer mine, to be worked to the fullest and then cast aside for fresh ground.

VITAL STATISTICS IN THE UNITED STATES

Under the American system of medical service, American people have become the healthiest in the world. They live from 15 to 20 per cent longer than the people of any other country. At the same time the cost of medical care in this country has been greatly reduced, and this without disturbing the relationship of physician and patient. American medicine has met every new emergency in the economic field, just as it has in the medical field. The American medical profession stands ready at all times to serve, regardless of ability to pay, and the sooner politicians acknowledge this truth the sooner will the problems be solved. We have made amazing strides in this direction, but the goal has not yet been reached. The answer may lie with the future generations of physicians. At least we have dealt with the problem to the best of our collective abilities, and I believe to the great and lasting benefit of the public we serve.

CANCER COMMISSION OF THE CALIFORNIA MEDICAL ASSOCIATION

I am sure I would be remiss in my duties as president if I did not mention the work of the California Cancer Commission. You will have examined the Commission's published report and its various committees—all of whom I want to thank for the part they have taken in amassing the information which went into its pages. In fact, 250 physicians took part in the survey, which brought home to California all the available knowledge of cancer, filtered and tested for truth, that it might serve as a guide and a working model for future generations. The Commission made what it believes to be the first organized attempt in this country to set forth the opinion of the medical profession, rather than of one individual or clinic, or even of one specialty.

There is one highly significant statement in the introduction to the Commission's findings which I wish here to emphasize for the especial attention of the younger physicians. It is this:

"... many questions of cancer therapy cannot be answered finally today for lack of sufficient experience."

And also this concluding statement:

"It is the hope of the Commission that, in a future review of these studies, in the light of accumulated world experience, it may be possible to answer more fully many of these unsettled questions." The Commission hopes to make this review at an early date.

It is not too much to hope that physicians of the younger generation will live to see the day when all questions concerning cancer will have been answered as in many other diseases, such as typhoid, diphtheria, and tuberculosis.

The great laboratories and clinics of the world have provided sound bases upon which to build. Notable results have been achieved here in California in the treatment of early cases, due to perfected technique in surgery, and in x-ray and radium therapy. I, for one, cannot accept any skeptical theory that the end has been reached; or, as the good Doctor Gross would say: "All avenues have been investigated." On the other hand, I believe that the accomplishments of today will be the inspiration and incentive of tomorrow. In this spirit the search for the causes of cancer will move inevitably forward.

FIRST USE OF DIPHTHERIA ANTITOXIN IN SAN FRANCISCO

To the best of my knowledge, Dr. Joseph Oakland Hirschfelder was the first to administer diphtheria antitoxin in San Francisco. This was about 1895. He was then Professor of Clinical Medicine at Cooper Medical College. He brought antitoxin from Europe for use in his clinic. This was a milestone in the life of your speaker, who at that time was undergraduate clerk in Doctor Hirschfelder's clinic and, as such, witnessed this epochal event. A true Californian, Doctor Hirschfelder was the first white child born in Oakland and was graduated from the University of California. He was a courageous pioneer in medicine, whose name will always sparkle through the pages of medical history.

OTHER ACHIEVEMENTS

We have seen the plague, typhoid, and malaria stamped out and the health of communities safeguarded through proper sanitation measures. Heart and brain surgery have achieved new heights. The mysteries of yesterday have become the knowledge of today.

Modern medicine has been called "the child of the nineteenth century." It has advanced to a point where no man can know or practice every branch, and the growth of specialism is the inevitable result. It behooves the young physician to evaluate his inclinations and training for some particular

branch, lest he find himself in the unenviable position of an impecunious Jack-of-all-trades, his long years of training largely wasted.

THE TODAYS AND THE TOMORROWS

We have heard it said that there are no more frontiers in America. But that refers to physical frontiers. In medicine, the frontiers are farther and farther beyond the horizon, giving lie to the lament that youth no longer has a chance. These are the tomorrows that are destined to become your glorious todays, for, as I have said, today is always the day of great achievements in medicine.

A PRAYER OF THE PHYSICIAN

In conclusion, I should like to recite the following "Prayer of the Physician," the author of which is unknown to me:

O God, I pray that I may have absolute intellectual honesty. Let others fumble, shuffle and evade, but let me, the physician, cleave to the clean truth, assume no knowledge I have not, and claim no skill I do not possess.

Cleanse me from all credulities, all fatuous enthusiasms, all stubbornness, vanities, egotism, prejudices, and whatever else may clog the sound processes of my mind. These be dirt: make my personality as aseptic as my instruments.

Give me heart, but let my feeling be such as shall come over me as an investment of power, to make my thoughts clear and cold as stars, and my hand skillful and strong as steel.

Deliver me from professionalism, so that I may be always human, and thus minister to sickly minds as well as to ailing bodies.

Give me a constant realization of my responsibility. People believe in me. Into my hands they lay their lives. Let me, of all men, be sober and walk in the fear of eternal justice. Let no culpable ignorance of mine, no neglect, nor love of ease, spoil the worth of my high calling.

Give me the joy of healing. I know how far short I am of being a good man, but make me a good doctor. Give me that love and eagerness and pride in my work, without which the practice of my profession will be fatal to me and to those under my care.

Give me a due and decent self-esteem that I may regard no man's occupation higher than mine—envying not the king upon his throne, so long as I am prime minister to the suffering.

Deliver me from playing at precedence: from hankering for praise and prominence: from sensitiveness, and all like forms of toxic selfishness.

Give me money: not so little that I cannot have the leisure I need to put quality into my service; not so much that I shall grow fat in head and leaden in heart, and sell my sense of ministry for the flesh-pots of indulgence.

Give me courage, but hold me back from overconfidence.

Let me so discharge the duties of my office that I shall not be ashamed to look any man or woman in the face. Grant that when, at death, I lay down my task, I shall go to what judgment awaits me, strong in the consciousness that I have done something towards alleviating the incurable tragedy of life. Amen.

601 Wakefield Building.

ENDOCRINOLOGY: A CRITICAL APPRAISAL*

By EDWARD H. RYNEARSON, M.D.
Rochester, Minnesota

PART I

IT is impossible to include in a single paper of reasonable length a complete review of all that is known of the endocrine glands; it will be necessary to deal briefly with some of them. An effort will be made to emphasize facts and to acknowledge assumptions. The cold hard truth is that few facts are known about some of the endocrine glands; why not admit it? Why must some pseudo-pharmaceutical firms give the impression in their pseudoscientific publications that endocrinology is an exact science and that administration of their preparations will effect a cure? For example, let it be stated that there is no good evidence that the oral administration of any anterior pituitary substance ever helped any patient in any way, except, perhaps, through the medium of suggestion. Why not acknowledge that much of the "endocrine therapy for glandular imbalance" is entirely worthless? Furthermore, let us as members of the medical profession be honest enough to admit that with recent advances in chemotherapy some of the material placed at our disposal may, if improperly used, be definitely harmful.

These intemperate remarks are not meant to reflect doubt on the excellent work being conducted by well-trained men; nor do they refer to the excellence of most of the articles appearing in established publications. They constitute, rather, an appeal that we, as physicians, utilize our powers of discrimination in separating the good from the bad, the true from the false. Let us be honest with ourselves and our patients by admitting our own incomplete knowledge; honesty is preferable to omniscience.

While no claim will be made to completeness, the following is an effort to list some of the accepted facts regarding the endocrine glands. Space prevents detailed discussion of any of them and some will be dealt with in a most cursory fashion.

THE THYROID

This gland and the syndromes which result from either its hyperfunction or its hypofunction are well recognized and, for the most part, are well treated. The treatment of choice for all adenomatous goiters with or without hyperthyroidism and for all cases of exophthalmic goiter is the surgical resection of the offending gland. Results of no other treatment can compare with the good results which follow the skillful surgical removal of a goiter. It should be added that all adenomatous goiters without hyperthyroidism should be removed, for many of these become active some time during the individual's life and virtually every case of carcinoma of the thyroid has its origin in an

* From the Division of Medicine, The Mayo Clinic, Rochester, Minnesota.

Read before the sixty-ninth annual session, California Medical Association, Coronado, May 6-9, 1940.

"innocent" adenoma. Deaths from thyroid disease now are occurring largely in cases in which a goiter has been neglected. The patient may have assumed the responsibility of permitting the goiter to remain or he may have been told "don't bother anything which isn't bothering you." In another group of cases in which death from goiter may occur, an effort has been made to treat the hyperfunction with the prolonged use of Lugol's solution. Lugol's solution should rarely be given to any patient with a goiter unless the patient has the distinct understanding that this treatment is simply a form of preoperative preparation and consents to proceeding with the thyroidectomy as soon as the ultimate improvement has been effected. The simple colloid enlargement of adolescent children is an exception to these remarks.

In its most marked state the underfunction of the thyroid produces the syndrome of myxedema, a condition which should be easily recognized and which responds satisfactorily to the judicious use of thyroid extract. For every patient with true myxedema, however, there are one hundred patients who have a low basal metabolic rate without myxedema, and in many instances the low basal metabolic rate is a part of their general clinical picture rather than the cause of their trouble. Raising the basal metabolic rate of individuals who do not have myxedema may or may not produce any clinical signs of improvement. Most patients with myxedema are completely relieved of all symptoms with a daily dosage of 2 grains or less (0.13 gram) of desiccated thyroid extract; many patients with low basal metabolic rates without myxedema require two or three times this amount, and then their symptoms may not be relieved.

THE PARATHYROID

Parathyroid Deficiency.

Parathyroid insufficiency usually follows the surgical removal of, or damage to, the parathyroid glands; it occurs following thyroidectomy in about .05 per cent of the cases. There are also a few instances of spontaneous hypoparathyroidism. The treatment of parathyroid insufficiency is quite satisfactory. Most of the patients respond very well to the use of calcium by mouth, the most inexpensive form of which is calcium lactate. Calcium lactate is effective only when it is in complete solution, and this can be accomplished only by dissolving it in very hot water. The amount of calcium lactate required varies with the degree of calcium deficiency; the condition of one patient may be well controlled with four teaspoonfuls a day and that of others during the acute stage may require twenty teaspoonfuls or more. Absorption of the calcium is aided by the addition of vitamin D, which can be administered most cheaply and easily in the form of cod-liver oil. It may be necessary on rare occasions to administer calcium intravenously; this can be given in the form of calcium gluconate (10 cubic centimeters of a 10 per cent solution). Dihydratichysterol (A. T. 10) has a very powerful effect in raising the blood calcium. It is given by mouth in an average dosage of one cubic centi-

meter every other day. The greatest drawback to its administration is its expense. It is rarely necessary to use parathyroid hormone.

Hyperparathyroidism.

Most of the symptoms of hyperparathyroidism relate to disturbances in the metabolism of calcium and phosphorus. The underlying physiologic principles are not completely understood, but present knowledge indicates that the hormone of the parathyroid glands is concerned with regulation of the serum calcium and phosphorus, whereas vitamin D controls the absorption of calcium from the intestine. The parathyroid hormone seemingly causes an increase in the activity of phosphatase, which is an enzyme found primarily in the osteoclast cells of bone, in periosteal cells and in the small bowel. The increased activity of this enzyme causes direct removal of calcium from the bones and thus the serum calcium is elevated. Albright¹ has emphasized that the serum calcium exists in two forms, the ionized form and that bound with protein. If disease has increased the quantity of the ionized form, and if the serum protein is decreased, it can readily be seen that the total value for serum calcium might be considered to be normal, whereas actually it is increased. For this reason, determinations of serum protein should be made in borderline cases, and if found to be low an upward correction must be made in the value for calcium. This probably explains why some patients with hyperparathyroidism are reported to have normal blood calcium.

Symptoms.—In considering the symptomatology of this condition, emphasis must be placed on the extreme variation of the symptoms in different stages of the disease and among different patients. Shelling² has classified the symptoms as follows:

"1. General:

- (a) Weakness
- (b) Loss of appetite
- (c) Loss of weight
- (d) Muscle and joint pains
- (e) Constipation and abdominal pain
- (f) Bradycardia and cardiac irregularities
- (g) Polydipsia
- (h) Hypochromic anemia

"2. Skeletal:

- (a) Generalized decalcification
- (b) Cysts and giant-cell tumors
- (c) Fractures
- (d) Lumps
- (e) Skeletal deformities and shortenings
- (f) Epulides

"3. Urinary:

- (a) Polyuria
- (b) Albuminuria
- (c) Dysuria
- (d) Hematuria
- (e) Milky urine or gravel
- (f) Renal, ureteral, or vesical calculi
- (g) Renal colic
- (h) Diminished renal function
- (i) Nephrocalcinosis

"4. Metastatic:

- (a) Arterial calcification
- (b) Broncholithiasis and pulmonary calcinosis
- (c) Generalized calcinosis

"5. Metabolic and Chemical:

- (a) Hypercalcemia
- (b) Hypophosphatemia
- (c) Hypercalciuria
- (d) Hyperphosphaturia
- (e) Increase in serum or plasma phosphatase"

The general symptoms are, of course, the opposite of those seen in cases of hypoparathyroidism: muscular weakness, atony and diminished response to stimuli, in contradistinction to the tetany and exaggerated response to stimuli (Chvostek's and Trousseau's signs) as seen in hypoparathyroidism.

The skeletal symptoms are those which follow decalcification and cystic changes in the bones. The urinary and metastatic symptoms are the result of the increased transportation and excretion of calcium with abnormal calcium deposition.

Diagnosis.—The diagnosis would be easy if each patient had definite symptoms of each of the types mentioned in the foregoing paragraph. Occasionally, a patient is seen who complains of weakness, atony, aching in bones and joints, who has noted a decrease in his height and has had changes in his bones, perhaps even one or more spontaneous fractures, who has suffered from hematuria and nephrolithiasis, whose roentgenograms reveal typical osteitis fibrosa cystica, chemical studies on whole blood reveal a high concentration of serum calcium and phosphatase and low value for serum phosphorus, and who has an easily palpable parathyroid tumor. Such cases are not the rule, nor is it desirable to wait until this condition develops before making the diagnosis.

Albright, Sulkowitch, and Bloomberg^{3,4} have discussed the methods used to diagnose the condition among patients who have a minimal degree of hyperparathyroidism. Twenty-two of their thirty-five patients were not suspected of having the disease when they entered the Massachusetts General Hospital, and the diagnosis was made in twelve cases in which characteristic changes in bone were not present and in eight cases in which only a moderate degree of hyperparathyroidism was present. They concluded:

"The presence or absence of bone disease is not a function of the degree of hyperparathyroidism, some of the severe cases not having it, some of the mild ones having it. Patients with bone disease and high serum phosphatase levels as a rule develop postoperative hypocalcemia; other cases seldom do.

"The term 'borderline' has been applied to mild cases of hyperparathyroidism and refers to the degree of hyperparathyroidism, not to the symptoms. In the diagnosis of such cases, the following points may be important:

- "(a) The serum protein determination, so that allowance can be made for the bound calcium in interpreting the total calcium value.
- "(b) A persistently low serum phosphorus level.
- "(c) The calcium excretion in the urine.
- "(d) The composition of the stone.
- "(e) Repeated blood determinations."

An inexpensive, simple test to determine the excessive secretion of calcium in the urine has long been needed for use in the diagnosis of hyperpara-

thyroidism. Such a test has been developed by Sulkowitch. His reagent consists of 2.5 grams of oxalic acid, 2.5 grams of ammonium oxalate, and 5 cubic centimeters of glacial acetic acid dissolved in distilled water and made up to a volume of 150 cubic centimeters. He stated: "The Sulkowitch reagent is a solution containing oxalate radicals buffered at such a p^H that when equal amounts of the reagent are added to urine the calcium will almost immediately come down as a fine white precipitate of calcium oxalate. If there is no precipitate there is no calcium, and the serum calcium level is probably from 5 to 7.5 milligrams per 100 cubic centimeters. If there is a fine white cloud, there is a moderate amount of calcium and the level of calcium in the serum is in the satisfactory range. If the precipitate looks like milk, the danger of hypercalcemia is present."

Space prevents complete consideration of the roentgenographic changes associated with hyperparathyroidism. Camp⁵ has emphasized the importance of the uniform, miliary, granular osteoporosis and stated that this mottled atrophy is distinct from the ordinary type seen in the case of osteoporosis, and it is found only in cases of hyperparathyroidism. In some regions, decalcification progresses to produce multiple cystic regions of varying size. Cysts may reach a large size and become the site of pathologic fractures. Because of the softness of the bones, bowing kyphosis, narrowing of the pelvis and coxa vara are common.

Treatment.—Once the diagnosis has been established, operation is the treatment of choice. If a tumor is found and is removed, the condition is relieved. In some cases, as is to be expected, a tumor is not found, but hypertrophy or hyperplasia is present and resection is indicated.

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3. Albright, Fuller, Sulkowitch, H. W., and Bloomberg, Esther: Further experience in the diagnosis of hyperparathyroidism, including a discussion of cases with a minimal degree of hyperparathyroidism, *Am. J. M. Sc.*, 193:800-812 (June), 1937.
4. Albright, Fuller, Sulkowitch, H. W., and Bloomberg, Esther: Hyperparathyroidism due to idiopathic hypertrophy (hyperplasia?) of parathyroid tissue; follow-up report of six cases, *Arch. Int. Med.*, 62:199-215 (Aug.), 1938.
5. Camp, J. D.: Osseous changes in hyperparathyroidism; a roentgenologic study, *J. A. M. A.*, 99:1913-1917 (Dec. 3), 1932.

(To be concluded)

The possibility of utilizing the general hospital as an effective medium for case-finding in tuberculosis has not been sufficiently explored. The fact that a person is admitted to a general hospital for a condition other than tuberculosis should never be accepted as a guarantee that such person does not have significant tuberculous disease. In a study of 4,853 adult admissions to fourteen general hospitals in New York State, 1.1 per cent showed clinically significant tuberculosis and 0.6 per cent unsuspected tuberculosis.—R. E. Plunkett, M.D., and Edward X. Mikol, *American Review of Tuberculosis*, March, 1940.

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

HARRY H. WILSON.....President
HENRY S. ROGERS.....President-Elect
LOWELL S. GOIN.....Speaker
PHILIP K. GILMAN.....Council Chairman
GEORGE H. KRESS.....Secretary and Editor

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HOUSE OF DELEGATES*

Minutes of the Thirty-Seventh Annual Session of the House of Delegates of the California Medical Association

*Held at Hotel del Coronado, Coronado, California,
Monday, May 6, and Wednesday, May 8, 1940*

**First Meeting, Monday Evening, May 6, 1940,
in the Crown Room, Hotel del Coronado**

The first meeting of the House of Delegates of the California Medical Association, in their sixty-ninth annual session, held in the Hotel del Coronado, at Coronado, California, was called to order at 8:30 p. m., Dr. Lowell S. Goin, presiding.

DOCTOR GOIN: The House will be in order. The first order of business is the temporary report of the Credentials Committee. The Chair recognizes the chairman of that committee, Doctor Walker.

DOCTOR WALKER: Mr. Speaker! Your Credentials Committee begs to report that we have sixty-six duly certified delegates who have registered and are entitled to be seated. Mr. Speaker, I move that these be seated. . . .

DOCTOR GOIN: A quorum of delegates being present, and the provisions of the Constitution and By-Laws having been complied with, I declare this House of Delegates duly constituted, and open for the conduct of such business as may come before it.

The Chair reports the following appointments to the Reference Committees of the House.

The Committee on Credentials:

Dr. G. W. Walker (chairman), Fresno.
Dr. Walter S. Cherry, San Bernardino.
Dr. J. F. Doughty, San Joaquin.

† For complete roster of officers, see advertising pages 2, 4, and 6.

* Owing to lack of space (according to Survey Committee report, it is desirable that single issues of CALIFORNIA AND WESTERN MEDICINE should not exceed ninety-six pages), the minutes as printed will be in the nature of a digest. The complete minutes are on file in the headquarters office of the Association.

The Committee on the Report of the Council and the Report of the Secretary-Treasurer:

Dr. H. E. Henderson (chairman), Santa Barbara.
Dr. F. E. Toomey, San Diego.
Dr. A. A. Alexander, Alameda.

The Committee on the Report of Officers and Standing Committees:

Dr. Lyle G. Craig (chairman), Los Angeles.
Dr. G. Wendell Olson, Orange County.
Dr. L. W. Empey, Placer County.

The Committee on Resolutions, Amendments to the Con- stitution and By-Laws, and New and Miscellaneous Business:

Dr. L. R. Chandler (chairman), San Francisco.
Dr. Russel V. Lee, Palo Alto.
Dr. John C. Ruddock, Los Angeles.

The Chair invites a motion for the confirmation of those appointments. . . .

The first order of business is the report of the President of the Association. Dr. Charles Dukes! (Applause.)

DOCTOR DUKES: Mr. Speaker! Members of the House of Delegates of the California Medical Association!

I would be without appreciation if I did not express to you the great satisfaction of being the President of this great organization. If I did not express to you the great pleasure that I have had in the visiting of the component counties of this State. There have been many observations that have been particularly pleasing to me. One is that the outside or smaller counties: the great interest that they show in the scientific phases of California Medical Association, as well as other activities that you take part in.

Some of the counties, where the distances are great, the men have to travel fifty to a hundred miles to attend the meeting, where there are only twenty-five members, twenty-four would be present. This is wonderful to me that men take that interest. Sometimes those of us in the metropolitan centers feel that we are too tired to travel a few blocks to go to the County Medical Society meeting. Nevertheless, the entire organization is showing great interest. I do not at this time propose to make a speech except to express this appreciation, because you have before you, in the "Bulletin," the report of the President. . . .

DOCTOR GOIN: The next order is the report of the Council.* Doctor Schaupp, the chairman, is not present. Doctor Dukes is the vice-chairman, and having turned his coat inside out and put on his false whiskers, he will now appear in that capacity.

DOCTOR DUKES: It is the only coat I have, so I have to turn it frequently.

There are a few changes that have been directed by the Council. These changes, I believe you will appreciate, are to cover some of the factors that have not been mentioned before. They are the result of various committees that have studied the various activities that the report, as printed, contain. Some of these are for clarification purposes and some are recommendations. The first recommendation, I will call upon our President-Elect, Dr. Harry Wilson, to make a report. (Applause.)

* Tentative Report of the Council appeared in "Pre-Convention Bulletin," on page 40.

DOCTOR WILSON: It has been the custom of the Council to meet as a Committee of the Whole in its deliberations, attempting through general discussion to arrive at the correct solution of the many and varied problems presented to it.

The large number of councilors has made this procedure a time consuming one, and often fails to permit the individuals most fitted by knowledge or special interest to play as important a part in the considerations, as would be the case if only a few men had the responsibility imposed upon them. Therefore, your Council reports that at the reorganization meeting Thursday, May 9, 1940, it will recommend to the new Council the following program:

1. Divide the membership of the Council into subdivisions of five members each, selected for their special knowledge, interest and fitness to meet the type of problem to be considered by each subdivision.

The following tentative division has been suggested: First, a division on scientific and social problems. Second, ways and means, office management, budget, membership and so forth. Third, public policy and legislation. Fourth, public health education, and fifth, legal activities.

Each of the twenty-three standing and special committees, which are normally supposed to report through the Council, would appear through the Council subdivision handling the problems related to them.

When the Council meets at its regular sessions, they would first meet as four or five subdivisions, dispose of the problems before them, and then convene as a committee of the whole, at which time each division chairman would report the disposal of the nearly automatic items, the background solution and recommendations concerning other matters, and the Council would then approve, modify, disapprove, instruct or other action, according to the usual procedure.

This program appears to have many advantages and yet will not rob the members of the Association of the democratic method of direct representation and consideration of a group of men of varied background, training and viewpoint in the matters requiring such cross-section viewpoint of the Association's activities.

DOCTOR DUKES: Thank you, Doctor Wilson. On page 41, of your "Pre-Convention Bulletin," in the fifth paragraph, there is a deletion as recommended by the Council today. Subsequently, realizing the vital need of medicine, of California Physicians' Service success, on Council authorization, the California Medical Association has loaned an additional \$12,000 to the California Physicians' Service. That is deleted and the report will read, in the second paragraph from that, "a total of \$37,000 has been loaned to the California Physicians' Service." We felt that the repetition there and the detail were somewhat not clear and it would be better to make the paragraph as we have suggested.

On page 43, in the last paragraph—The Council recommends that the Yolo-Colusa-Glenn County Medical Society should be changed, and that in the future these counties should be regrouped as follows:

1. Butte and Glenn.
2. Yuba, Sutter and Colusa.
3. Yolo.

and that new charters should be issued to the above county medical societies, in accordance with the above grouping.

On page 45, the fifth from the last paragraph is changed to read as follows:

"In the printed report of the Council, on page 43 under Survey of Association Offices, item marked third should be changed to read as follows:

"Third, an Executive Secretary or Business Manager should be employed as Business Manager of the Office, to

be Business Manager of CALIFORNIA AND WESTERN MEDICINE. The duties to be defined by the Council from time to time. This individual to be either a layman or a doctor of medicine."

The majority favored a trained business layman, with organizational background.

* * *

The Council calls attention to the amendment proposed by the Special Committee on Aid to Needy Members:

RESOLUTION NO. 33

Re: *Needy Members.*

Submitted by A. E. Anderson, Fresno.

(For action thereon by H. of D., see minutes, on page 295.)

Resolved, That Chapter V of the By-Laws of this Association, California Medical Association, be, and the same hereby is amended by adding to said Chapter V a new section, numbered Section 23, reading as follows:

SECTION 23.—Committee on Aid to Needy Members

The Committee on Aid to Needy Members shall consist of three (3) members whose appointment and terms of office shall be as provided in Section 2 of this chapter.

The committee shall be responsible to the Council and the House of Delegates for all of its activities.

The committee shall administer those funds of this Association hereinafter designated as comprising the Special Fund for Aid to Needy Members. The committee's administration of said fund shall be subject to the provisions of this section.

The following funds of this Association shall comprise the Special Fund for Aid to Needy Members: (a) The proceeds of such assessments, voluntary or compulsory, of the members of this Association as may from time to time be levied by the House of Delegates for the purpose of providing funds for aid to needy members; (b) That portion of the annual dues of members of this Association which may, from time to time, be allocated by the House of Delegates or the Council to the Fund for Aid to Needy Members; (c) All bequests, voluntary contributions and donations from any source whatever that may be received by this Association for the express or implied purpose of aiding needy members; (d) Twenty-five per cent of all payments received by this Association for the purchase of life memberships; (e) Subject to annual approval of the House of Delegates, all profits received by this Association from exhibits and concessions at its annual convention; and (f) All other funds from whatever source derived (except accounts receivable, payments on indebtedness to this Association, dues and assessments) received by this Association where the payer, donor or other person transferring the funds expresses the intent that such funds shall be for aid to needy members.

Sums contained in the special Fund for Aid to Needy Members may, from time to time, be disbursed by the Committee on Aid to Needy Members to those physicians and surgeons or dependents of physicians and surgeons who are found to be actually in need of financial assistance; provided, however, that all distributions from said Fund for the Aid of Needy Members shall be made under uniform rules and regulations formulated by the Committee on Aid to Needy Members and approved by the Council.

It is the intention of this Association that the funds set aside for aid to needy members shall, in so far as possible, be used solely for the purpose of providing necessities of life for those physicians or dependents of physicians within the State of California who are actually in want.

Also to amendment presented by the Special Committee on Life Membership:

RESOLUTION NO. 32

Re: *Amendment to Chapter I of the By-Laws, Life Membership.*

Submitted by Robert Peers and L. Empey, Colfax.

(For action thereon by H. of D., see minutes, on page 295.)

Resolved, That Chapter I of the By-Laws of this Association, California Medical Association, be, and the same hereby is amended by adding to said Chapter I a new section, to be numbered Section 6, reading as follows:

SECTION 6.—Life Membership in Component County Societies

Each component county society may provide for a form of active membership therein, designated life membership, provided that only persons eligible to life membership in this Association shall be eligible to life membership in any component county society. Life members of the component county society shall have all of the rights and privileges of active membership therein, and shall pay such dues or assessments as the component county society may, by by-law provisions, require.

An amendment to the Constitution, submitted at the annual session held in Del Monte in 1939, is also presented by the Council:

RESOLUTION NO. 34

Re: Amendment to Article VII, Section 1, of the Constitution.

Submitted at the annual session at Del Monte, May 1, 1939. (For action thereon by H. of D., see minutes, on page 295.)

Resolved, That Section 1 of Article VII of the Constitution of this Association, California Medical Association, be and is hereby amended as follows:

By striking out all of the third paragraph of said Section 1 of Article VII, and inserting the following:

The nine district councilors shall be elected as follows: Prior to the time set for the election of district councilors, the delegates of each councilor district for which a councilorship is about to become vacant shall submit in writing to the Secretary-Treasurer the names of one or more nominees to fill the said vacancy. The Secretary-Treasurer shall transmit the names of such nominee or nominees so submitted to him to the House of Delegates on or before the time set for the election. A vote shall be taken by the House of Delegates upon the nominee or nominees so submitted and, in the event that only one nominee has been submitted, the House of Delegates may, by a majority vote, either elect or refuse to elect said nominee. If the House of Delegates shall reject the sole nominee of the delegates from the councilorship district concerned, then said delegates must immediately thereafter submit an additional nominee or nominees, and the House shall proceed to vote thereon; if there is but one nominee, the House may elect or reject. If, after such time as the Speaker may allow, delegates within such councilor district fail to submit an additional nominee or nominees, the House of Delegates may then proceed to make nominations from the floor of the House, and a vote shall then be taken by the House of Delegates to determine who shall be elected to the vacant councilorship. All nominees for district councilorships must be members in good standing, residing within the district in which the vacancy exists.

On page 46, the last paragraph, the recommendations of the Council, after careful study of the Association's needs, the Council recommend that the annual dues for the calendar year of 1941, be increased to \$20.

These changes and the printed report that you have in your hand, are the result of much study on the part of the Council, upon the Council committees and upon the committees that were recommended at the last meeting of the House of Delegates. We have tried to cover the field completely. We have tried to arrange it according to your instructions, and the details we have worked out we believe are in keeping with your recommendations.

I assure you that the Council has spared no time nor have spared themselves, because this has been difficult. Change is always difficult and should be considered, I believe, very thoughtfully and not too rapidly, and that is the reason the Council is making the additions to the report that you have printed.

I thank you.

DOCTOR GOIN: The report of the Council will be referred to Reference Committee No. 2, on the Report of the Council and the Report of the Secretary-Treasurer.

If there is no objection, in the interest of time saving, we will consider the report of the Credential Committee

to be the roll call of the House for this session. Do I hear any objection? Hearing none, it is so ordered.

Your Vice-Speaker, Dr. Dewey Powell.

DOCTOR POWELL: The next order of business is the report of the Trustees of the California Medical Association. In the unavoidable absence of the president, Karl Schaupp, I will call upon Harry Wilson, vice-president, to make that report. Harry Wilson!

DOCTOR WILSON: Gentlemen! The Trustees of the California Medical Association constitute a holding company, and the report is printed in the "Pre-Convention Bulletin." There is no need of taking further time, with any additional report tonight.

DOCTOR POWELL: The report of the Trustees will be referred to Reference Committee No. 1, on the Report of Officers and Standing Committees.

The next order of business is the report of the Auditing Committee. Does the chairman, Doctor Gilman, care to add anything more at this time? Doctor Gilman!

DOCTOR GILMAN: The report has been printed and there is nothing to add.

DOCTOR POWELL: The report has been printed and will be referred to the proper reference committee.

The next report is the Report of the Secretary-Treasurer. Doctor Kress, have you anything to add?

DOCTOR KRESS: No, Mr. Speaker.

DOCTOR POWELL: That report will be referred to Reference Committee No. 2, on the Report of the Council and Secretary-Treasurer.

Anything further on the report of the Editor, JOURNAL, Business Manager, Doctor Kress?

DOCTOR KRESS: Nothing further, Mr. Speaker.

DOCTOR POWELL: That will be referred to the proper reference committee.

We now come to the report of the General Counsel. I don't have to ask our friend Hartley Peart if he has anything more to add. Hartley never misses an opportunity to add something. Where are you, Hartley?

MR. HARTLEY PEART: I thought I would add just a little. Our report starts in at page 60 and runs to page 62, and we deal with the Social Security taxes. I might just remind you that we are going to commence an action shortly to try to recover these taxes and penalties for which the Federal Tax Department has exacted payment, reversing its previous rulings when it held that you were exempt. The Federal Government is still contending that all councilors, officers and committee members are employees of this Association, when, in truth and in fact you only have about eight paid employees.

In the report we set forth the work that we did on the Basic Science Initiative. . . .

We have had a great deal to do during the year for California Physicians' Service. We have commenced on behalf of California Physicians' Service an action in the Superior Court of the City and County of San Francisco, seeking declaratory relief, that is, asking the court to declare that this nonprofit medical service corporation, offering free choice of physician is not transacting the business of insurance. This action is commenced against the Insurance Commissioner and we hope to secure a judgment in that action that this nonprofit medical service corporation is not transacting an insurance business. The Attorney-General's office has requested us to be prepared for trial at an early date. . . .

Some years ago it was suggested that a handbook be prepared for distribution among the membership, and the Council in general approved of this idea. With this in mind, we have carefully considered the kind of material which would be of greatest service to the individual doctor in his every day practice, and we have prepared a table of contents for this possible Physicians' Handbook. . . .

For the past three years the articles appearing in CALIFORNIA AND WESTERN MEDICINE under the caption of "Medical Jurisprudence" have been prepared and written as a part of the text, if desired, of such a handbook. . . .

DOCTOR POWELL: Thank you, Hartley. The report of General Counsel will be referred to Reference Committee No. 1. The next order of business is the reports of Standing and Special Committees. These reports have been published in your "Pre-Convention Bulletin." . . .

The next order of business to come is the Committee Report on Public Health Education, which is a Special Committee. Doctor Makinson is not present. That will be referred to Reference Committee No. 3.

California Physicians' Service, Doctor Kilgore, do you desire to supplement your report at this time?

(No supplemental reports.)

Now, we come to our special committees. The Committee on Survey of Association Offices. Doctor Best, Chairman. Do you care to supplement that report as printed in the "Pre-Convention Bulletin"?

DOCTOR BEST: Mr. Speaker! Members of the House of Delegates! May I recall to your mind that at the last meeting of the House of Delegates in 1939, Resolution No. 1 read in part as follows:

WHEREAS, The active directing force of the California Medical Association functions through the central offices of the society, which offices include the Secretarial, Editorial and Public Relations Division; be it

Resolved, That a constructive study of the functioning of those offices be prepared for the members of this House. Such study to be conducted by a special committee of three, to be appointed by the Speaker of this session; and be it

Resolved, That report of this study shall be placed in the hands of the Council as soon as possible, preferably before September, 1939, in order that that body may initiate such changes as are indicated; and be it

Resolved, That a copy of the study and a report of the Council's action thereon shall be printed in the 1940 "Pre-Convention Bulletin."

. . . .

We offer you this report for your careful study and whatever action you see fit to take, and hope our efforts may lead to still greater efficiency and service of the California Medical Association.

I will refer you to page 73 of the "Pre-Convention Bulletin" for the complete report. . . .

We the Committee, respectfully submit this report to you for your consideration and action. (Applause.)

DOCTOR POWELL: Thank you, Doctor Best. This committee report will be referred to Reference Committee No. 3. I call your attention to the fact that not only is this published in detail in your "Pre-Convention Bulletin," but it has already been presented to the Council, and the reaction of the Council to the report is also published in your "Bulletin" and supplemented by the report made by Doctor Dukes and Doctor Wilson tonight. It is a very important matter of business for Wednesday night. Give it your earliest attention.

The next committee report is that of the Committee on Syphilis, Dr. Howard Morrow. There is nothing to supplement that and it will be referred to the proper Reference Committee.

The Committee on Life Membership, Doctor Peers, you have nothing further to submit?

The Committee on Needy Members, Doctor Anderson has something further to add.

DOCTOR ANDERSON: Mr. Speaker! Members of the House! Owing to the fact that it was impossible to complete our survey of needy members in time for publication of the "Pre-Convention Bulletin," it is necessary to give this report at this time.

Shortly after the meeting of the House of Delegates in 1939, complying with the provisions of Resolution No. 11, regarding needy members, the President of the California Medical Association appointed a committee, consisting of

Dr. A. E. Anderson of Fresno, Dr. Robert A. Peers of Colfax, and Dr. Elizabeth Mason Hohl of Los Angeles. This committee was required by the resolution to ascertain, so far as possible, the number of needy physicians in the State of California and devise ways and means to provide for the essential needs of such members, and report, with recommendation for action, at this meeting of the House of Delegates.

During the year the Committee held three meetings, secured a census of needy members, submitted proposals for amendments to the By-Laws of the California Medical Association to permit the activities intended, and agreed upon some recommendations for the consideration and action of the House of Delegates.

In order to secure information as to the number of needy members and their dependents in the State, a letter was sent to the secretaries of each of the forty county societies, asking that each society comply with the request of your resolution and appoint a committee to make a survey of the needy, and so far as possible take care of any immediate need and report to this committee.

This method of securing a survey was only partially successful. . . .

The Trustees of the Los Angeles Medical Association also supplied funds for the incorporation of a non-profitable charitable organization, called the Los Angeles County Physicians' Aid Association. This organization collects annual dues of \$5 per member, or \$50 for a life membership, and \$500 for a fee as a patron. A trust fund is being formed, the income of which will be disbursed by a benevolence committee.

The Aid Association is separate and distinct from the County Medical Association. Its beneficiaries may be any doctor of medicine and his dependents in Los Angeles County. The organization is actively at work. It has been helped by the enthusiastic support of physicians in Los Angeles, who wish to see every doctor in want supplied with the necessities of life and some comforts—food, clothes, housing, medical care, dentures, orthopedic appliances, radios, literature; and friendly interest of its own profession has been given to many.

The County Aid and Old Age pensions are gratefully received by many of the needy, but are insufficient for anything but meager food and housing. . . .

Your Committee makes the following recommendations:

First: Approval by this meeting of the House of Delegates, of the proposed amendments to the By-Laws of the California Medical Association, Chapter V, Section 23, attached to, and forming a part of this report.

Second: That each county society provide care of their own needy as much as possible, until the California Medical Association relief fund of at least \$60,000 can be accumulated, and that only the income from this fund be used for the needy over the state; and that the fund be permitted to grow until adequate income can be derived from it to provide for all necessary aid to our needy.

Third: It is recommended that the trust fund of \$60,000 be raised as rapidly as possible by an allocation of \$1 per member, of the annual dues, or an assessment of \$1 over and above the annual dues. Other possible sources of money for this fund, such as endowments, bequests, a part of life membership payments, memorial gifts, local benefit dinners and social functions, donations from grateful patients and friends of the profession, should be promoted by our organization and by the individual members.

Fourth: Your Committee recommends that the Woman's Auxiliary be asked to undertake activities designed to help create interest in the care of the needy, and promote the accumulation of funds for this purpose.

Fifth: Your Committee recommends that space be allowed in each issue of CALIFORNIA AND WESTERN MEDICINE for brief articles intended to keep the membership

reminded of the requirements of our needy, and the means proposed to acquire funds, or that space be given for standing advertisement for this purpose.

Sixth: It is recommended that there be no lay publicity in regard to relief to physicians and that the names of needy members be kept secret, except to a designated committee on benevolence.

Seventh: It is recommended that our delegates to the American Medical Association Convention be instructed to introduce a resolution requesting the American Medical Association to appoint a committee to investigate national needs, and the desirability of establishing a national fund for needy members, in view of the fact that the American Dental Association has successfully established such a fund.

Respectfully submitted. (Applause.)

DOCTOR POWELL: Very good, Doctor Anderson. This will be referred to Reference Committee No. 1.

The next report of Committee on Governmental Employees, Doctor Voorsanger, you have something to add at this time? Doctor Voorsanger!

DOCTOR VOORSANGER: My excuse for taking your time is that this is a brand-new committee and there was so much interesting information collected that it was thought you should briefly be informed of what the Committee found out.

MR. SPEAKER: Members of the House of Delegates! At the last meeting of the House of Delegates a resolution was passed asking for the appointment of a committee to study conditions of compensation, hours and patient load of doctors of medicine employed by city, county, state, and federal government. This committee was appointed and began its work. Its chairman felt that he had been assigned a rather innocuous task that might require some work but that would be devoid of result. We did not quite know how to go about our task or to get the desired information since we could not get information from every organization under government employing physicians.

So we began to write letters to veteran facilities located at different points. . . .

After a few months the correspondence became so voluminous and the figures so complicated that the central office was asked to furnish a statistician. This statistician segregated figures as far as was possible.

There are with this five tables, and the tables containing these figures, under Table 1, 2-A and 2-B, are hereby presented as exhibits for your study. . . .

A close study of figures, for instance in federal institutions, would show a range of \$3.03 per hour to \$1.48 per hour for full-time employees. Some part-time employees would appear, on the face of things, to be paid fairly well. For instance, an eye, ear, nose and throat specialist gets \$13 a day, and a urologist \$50 a day. These specialists only work twice a month for the Government, so the salary of the eye specialist is \$26 and that of the urologist is \$100 a month. How much work is done for this compensation is not specified. . . .

If we forget the compensation per hour and go to Table 2-A, we will find that positions held by the Directors of Medicine in the year 1940 range from \$10,000 a year down to \$500 a year. There were no salaries in the \$8,000 or \$9,000 brackets. There were a few in the \$7,000 to \$5,000 bracket, and then again the decline was rather precipitous. . . .

Your Committee feels very strongly, first, that should a more complete analysis be required for study, a detailed questionnaire must be sent out.

Second, it recommends that further study of the whole question of compensation to doctors of medicine in Government employ be continued with the understanding that if it is continued, and proper information is to be obtained,

a statistician must be employed whose duty it will be to personally go to these various institutions and interview types of doctors in various forms of employment. Only in this way will we be able to get accurate and complete information regarding the whole matter of medical compensation.

Your Committee also recommends that due publicity be given to the fact that its investigation has proved definitely the inadequacy of compensation paid to doctors in full-time employment, comparing this compensation with full-time employment in industry. And, for emphasis, it can be demonstrated that road masters in federal service, with less responsibility, draw equal pay with doctors.

We recommend that if this investigation is continued, special study be given to the patient load placed upon doctors in federal, state, and county hospitals; the average at present being about fifty patients per day per doctor.

Your Committee feels strongly that unless proper efforts are made to better the conditions under which full-time medical employees work, a deterioration, both in the character of the work and the health of the employee, is bound to result.

Your Committee gives its special thanks to Miss Eleanor Hanna, statistician who compiled these figures, and to Dr. Berthel Henning of San Francisco, who supplied the chairman of this committee with valuable information regarding federal institutions.

This is signed by Voorsanger (chairman), Kneeshaw, and Alesen. I submit this for your consideration. (Applause.)

(Doctor Goin has again taken the chair.)

DR. GOIN: This report will be referred to Reference Committee No. 1 for its study.

The next order of business before the House is Unfinished Business, and there comes automatically now to the attention of the House the Constitutional Amendment which was proposed last year at Del Monte, and which has now lain on the table the constitutional period of one year.

You may recall that at the Pasadena session we had an amendment to the Constitution pending, that it was referred to a Reference Committee, that the Reference Committee changed one or two things in the amendment, and that thereupon your Speaker, being a blushing young man, first speaking, was subjected to parliamentary heckling by master hecklers. To avoid a repetition of this event, I propose to make a ruling now on the disposition of this amendment.

This House is governed by Roberts' Rules of Order. On page 272, Roberts' Rules of Order, lays down the following rule: "An amendment to an amendment, which increases the modification of the rule to be amended, is out of order."

Elaborating on this rule in Roberts' Parliamentary Law, he says that the assembly is not limited to adopting or rejecting the amendment just as it is presented.

Now, the Chair interprets this rule thus: The intent of this proposed amendment is to take the nomination of district councilors from the House of Delegates, and put it in the hands of the delegates from the councilor district. An amendment to this amendment, for example to give the nominating power to the Council, would clearly be an excess of modification of the rule to be amended, and therefore would be out of order. An amendment to the proposed amendment, permitting the House to make additional nominations, would be less than a modification of the rule to be amended, and would likewise be out of order.

The Chair, therefore, rules that the House is not bound to either accept or reject the amendment as proposed, that amendments to it may be proposed by delegates or the Reference Committee to which it is committed; but that

in no case may the proposed amendment to the amendment increase the modification of the rule to be amended or destroy the intent thereof.

This is the ruling of the Chair, with which I will refer this amendment to Reference Committee No. 3.

The hour is now 9:40. The House will stand in recess for ten minutes, reconvening at 9:50 p. m.

RECESS

The House reconvened at 9:50 p. m. . . .

DOCTOR GOIN: On page 44 of your "Pre-Convention Bulletin," there is an amendment to the By-Laws—there are two amendments to the By-Laws. Now the Constitution of the Association, or the By-Laws of your Association, require or provide that amendments may be made to the By-Laws at any meeting, provided they are presented in writing to the House of Delegates twenty-four hours before they are voted on. If the Chair hears no objection, it will rule that they have now been presented in writing since all delegates have them. Is there any objection to that? (No objection.) The amendments, then, are before you and may be voted on at the next session of this meeting.

DOCTOR GOIN: The next order of business is the reception of Resolutions and New Business.

DOCTOR SHOEMAKER: Mr. Speaker, I should like to present the following resolution to the House for their consideration:

RESOLUTION NO. 1

Re: *Headquarters Office.*

Submitted by Harlan Shoemaker, Los Angeles.

(For action thereon by H. of D., see minutes, on page 282.)

WHEREAS, Suggestions that more employees and secretaries be added to the staff of the headquarters office of the Association as a means of increasing its capacity for service have been made recently; and

WHEREAS, With the increasing amount of work demanded of the headquarters office of the Association, it must be evident that an efficient clerical personnel is of first importance if work is to be properly done; and

WHEREAS, In engaging the present secretary-editor, the California Medical Association was able to secure the services of a California physician who, in addition to having lived an active professional life in private practice, was so devoted to the interests of scientific and organized medicine that he also found time to render service of great value to the profession in general. During more than ten years as editor of CALIFORNIA and WESTERN MEDICINE, he brought it to the foremost rank of state medical journals, with the largest advertising income of any monthly state medical journal. He served nine years as secretary of the Los Angeles County Medical Association and later as its president, for twenty years as secretary of its Certified Milk Commission, for over twenty years as dean of the Medical Department of the University of California at Los Angeles; for even a longer period as chief of the eye staff and a member of the executive board of the Los Angeles County General Hospital; for more than twenty-five years as an active councillor of the California Medical Association, and in numerous other activities; and

WHEREAS, With this varied career and broad background, together with his known and demonstrated administrative ability, he is a most valuable person to supervise the work of the headquarters office; now be it

Resolved, That this House of Delegates approves a continuation of his services as the secretary-editor of the Association, and that he be given the generous support his work deserves; and

Resolved, That for the present it be recommended to the Council that no change in the administration of the headquarters office be made, but that the recommendations of the present Survey Committee and of the preceding Survey Committee, in which it was recommended that two of the clerical employees be pensioned, be put into effect.

DOCTOR GOIN: This resolution will be referred to Reference Committee No. 3.

May I say that this meeting is being recorded electrically. The recording machine doesn't know any of you.

Will you please state your name when you arise to present a resolution? Doctor Shephard!

DOCTOR SHEPHARD: This resolution is introduced by the delegates of the Santa Clara County Medical Society, a copy of which was mailed to each of the delegates.

RESOLUTION NO. 2

Re: *Legislation: Medical Service; Hospitalization.*

Submitted by John Hunt Shephard, San Jose.

(For action thereon by H. of D., see minutes, on page 283.)

WHEREAS, Various county and state medical associations, as well as the American Medical Association, during the past many years have spent much time and money in an attempt to find a fair, equitable and workable method of leveling the cost of medical care; and

WHEREAS, It is recognized by all students of the problem that hospital costs are now at so low a level that only an occasional hospital is actually self-supporting, and the average income of the members of the medical profession is not compatible with the cost of their education, thus making it useless to spend time and money attempting to find ways and means of lowering these costs; and

WHEREAS, It is the cost of hospitalization which constitutes the immediate insurmountable economic obstacle forcing thousands upon thousands to seek admission to county hospitals; and

WHEREAS, The Wagner-George-Lea Bill now before Congress, if enacted into law, will serve as the first step in the nationalization of medical care under political control, inevitably lowering the standard of medical service which has been built up through the individual efforts of the medical profession; and

WHEREAS, The thousands of the members of the medical profession who are donating their services to the charity hospitals fully recognized the difficulty in rendering adequate service to patients in most charity, federal and state hospitals; and

WHEREAS, The vast majority of doctors of medicine are daily adjusting their charges to the ability of their patients to pay; and

WHEREAS, It would entail much less time and inconvenience to the doctors, and would result in a much higher type of medical care if the indigent and near-indigent patients could be cared for in private hospitals on the services of the regular attending staffs in lieu of being cared for in county hospitals; and

WHEREAS, The attending staffs of practically all private hospitals would gladly care for all patients certified by a medically controlled, competent medical social service as being indigent or near-indigent, without charge or for a fee set by the medical social service; and

WHEREAS, The ultimate actual cost to the taxpayers in caring for the indigents in private hospitals would not exceed the present cost of maintaining county hospitals, and would result in reducing the patient-day cost of the private hospitals; and

WHEREAS, The payment of basic hospitalization for everyone, irrespective of his economic condition, from a special fund created by universal taxation, would be equitable to all and burdensome to none; and

WHEREAS, All plans to level the cost of medical care so far proposed entail an administration and acquisition cost of 15 to 30 per cent, thereby increasing the total cost that same amount; and

WHEREAS, The cost of operating such a plan would entail very little expense, could easily be exempt from all undesirable pressure groups and political influence, and in no way would disturb the patient-physician relationship so essential to all satisfactory medical service; and

WHEREAS, This proposed plan will secure for the low-income group a medical service far superior to that now received or attainable under any other plan except the California Physicians' Service, and in no way is in conflict with said Service; and

WHEREAS, At the special meeting of the House of Delegates of the California Medical Association, held in Los Angeles in 1938, a resolution endorsing the principle of hospitalization subsidy was unanimously adopted; and

WHEREAS, After two years' use of public funds by the City of Palo Alto to subsidize the private hospitalization of its residents, the plan was overwhelmingly approved by popular vote as largely solving the problem of leveling the cost of medical care; now, therefore, be it

Resolved, By the House of Delegates of the California Medical Association at its annual meeting held in Coronado, California, this sixth day of May, 1940, that the Council of the California Medical Association be and is hereby instructed to prepare, introduce and actively support at the next session of the California Legislature a

bill providing for the basic hospitalization cost for all citizens of California; and be it further

Resolved, That the delegates of the California Medical Association to the meeting of the House of Delegates of the American Medical Association, to be held in New York City, June 10 to 14, 1940, be instructed to introduce a similar resolution seeking nationalization of basic hospitalization for all citizens of the United States.

DOCTOR GOIN: This resolution will be referred to Reference Committee No. 3. . . .

DOCTOR GOIN: Doctor Cline!

DOCTOR CLINE: Mr. Speaker! Members of the House! The preliminary remarks which might be made, pertaining to the particular things which we are to introduce, have been so well covered by the Survey Committee and by the amended report of the Council anent the survey, and its recommendations, that I will simply describe the probably boring details that we are about to present to you, as the enabling legislation to make possible an adequate reorganization of the offices of the Association. These are presented as a presentation of the San Francisco delegation.

The first is:

PROPOSED AMENDMENT TO CONSTITUTION: NO. I

Resolved, That Section 1(b) of Article V of the Constitution of this Association, California Medical Association, be and the same hereby is amended by inserting before the period and after the word "Constitution" the following: "excepting the Secretary-Treasurer and Editor," so that said Section 1(b) of Article V shall hereafter read as follows:

(b) The officers of this Association enumerated in Section 1 of Article X of this Constitution, excepting the Secretary-Treasurer and Editor.

That is an amendment to the Constitution.

PROPOSED AMENDMENT TO CONSTITUTION: NO. II

Another amendment to the Constitution:

Resolved, That Section 8 of Article VII of the Constitution of this Association, California Medical Association, be and the same hereby is amended by inserting after the comma which follows the words "Public Relations," the following: "and ex officio, but without the right to vote," so that said Section 8 of Article VII will hereafter read as follows:

SECTION 8.—*Executive Committee*

The Executive Committee shall consist of the President, the Past President, the President-Elect, the Speaker of the House of Delegates, the Chairman of the Council, the Chairman of the Auditing Committee, the Chairman of the Committee on Public Relations, and ex officio, but without the right to vote, the Secretary-Treasurer and the Editor.

PROPOSED AMENDMENT TO CONSTITUTION: NO. III

Another amendment to the Constitution:

Resolved, That Section 11 of Article X of the Constitution of this Association, California Medical Association, be and the same hereby is amended by striking out of said Section 11 the following:

SECTION 11.—*Election of Council Chairman; Council Vice-Chairman; Secretary-Treasurer; Editor and Associate Editors*

The Council, at the organization meeting thereof, shall elect a Chairman, a Vice-Chairman, a Secretary-Treasurer, an Editor; and, in its discretion, one or more Associate Editors, each to serve for the term of one year.

and by inserting in lieu thereof the following:

SECTION 11.—*Election of Chairman and Vice-Chairman of Council; Employment of Secretary-Treasurer, Assistant Secretaries, Editor and Associate Editors*

The Council, at the organization meeting thereof, shall elect a Chairman and a Vice-Chairman, each to serve for the term of one year. It shall also employ, if any vacancy exists, a Secretary-Treasurer and an Editor, and, in its discretion, one or more Assistant Secretaries or Associate Editors. The terms of their employment shall be such as are satisfactory to the Council, provided, however, that no contract of employment shall, by its terms, exceed a period of three years from the date of the organization meeting at which such contract is authorized.

PROPOSED AMENDMENT TO CONSTITUTION: NO. IV

Another:

Resolved, That Section 12 of Article X of the Constitution of this Association, California Medical Association, be and the same hereby is amended by striking out all of said Section 12 reading as follows:

SECTION 12.—*Qualifications of Secretary-Treasurer and Editor*

No person shall be eligible to the office of Secretary-Treasurer or Editor or Associate Editor who does not hold the degree of Doctor of Medicine, but membership in this Association shall not be a necessary qualification for the offices of Secretary-Treasurer, Editor or Associate Editor.

and by inserting in lieu thereof the following:

SECTION 12.—*Qualifications of Secretary-Treasurer and Editor*

The Secretary-Treasurer, the Editor, Assistant Secretaries and Associate Editors may, but need not, hold the degree of Doctor of Medicine, and may, but need not, be members of this Association.

PROPOSED AMENDMENT TO CONSTITUTION: NO. V

An amendment to the Constitution:

Resolved, That Section 1 of Article VIII of the Constitution of this Association, California Medical Association, be and it hereby is amended by striking out of the first paragraph of said Section 1 the following: "and the Chairman of the Committee on Public Relations," so that the said first paragraph of Section 1 of Article VII will hereafter read as follows:

The Council shall consist of the Councilors and ex officio: the President, the Past President, the President-Elect, and the Speaker of the House of Delegates, each with all the rights of a Councilor.

and be it further

Resolved, That Section 8 of Article VII of the Constitution of this Association be and the same hereby is amended by striking out of said section the following: "the Chairman of the Committee on Public Relations," so that said Section 8 of Article VII will hereafter read as follows:

The Executive Committee shall consist of the President, the Past President, the President-Elect, the Speaker of the House of Delegates, the Chairman of the Council, the Chairman of the Auditing Committee, the Secretary-Treasurer and the Editor.

and be it further

Resolved, That Section 1 of Article X of the Constitution of this Association be and the same hereby is amended by striking out of said Section 1 the following: "the Chairman of the Committee on Public Relations," so that said Section 1 of Article X will hereafter read as follows:

The officers of this Association shall be a President, a Past President, a President-Elect, a Secretary-Treasurer, a Speaker of the House of Delegates, a Vice-Speaker of the House of Delegates, an Editor and fifteen Councilors (six of the fifteen Councilors being elected as at large and nine from Councilor Districts, as herein provided).

and be it further

Resolved, That Section 4 of Article X of the Constitution of this Association be and the same hereby is amended by striking out of the first paragraph of said Section 4 the following: "and Chairman of the Committee on Public Relations," so that the first paragraph of said Section 4 shall hereafter read as follows:

The President, Past President, President-Elect and Speaker of the House of Delegates shall be ex officio members of the Council with all the rights of Councilors.

and be it further

Resolved, That the Constitution of this Association be and the same hereby is amended by striking out all of Section 15 of Article X of said Constitution.

That covers the constitutional amendments, but because if we are going to undertake this thing and do it properly, there ought to be a means provided so that no delay be involved—the constitutional amendments must lie on the table for one year before they are voted upon—we submit the following amendments to the By-Laws:

RESOLUTION NO. 3

Re: Amendment to By-Laws, Section 8, Chapter IV, Field Secretaries.

Submitted by John Cline, San Francisco.

(For action thereon by H. of D., see minutes, on page 282.)

Resolved, That Section 8 of Chapter IV of the By-Laws of this Association, California Medical Association, be and the same is hereby amended by inserting after the word "determined" and before the word "by" appearing in the last sentence of said section, the following: "by the House of Delegates or," so that said Section 8 of Chapter IV shall hereafter read as follows:

SECTION 8.—Executive or Field Secretaries or Representatives

The Council may employ one or more executive or field secretaries or representatives, who need not be physicians or members of the Association. The duties of such a representative or representatives, if appointed, shall be determined by the House of Delegates or, in the event that the House of Delegates takes no action, then by the Council by resolution.

This is also an amendment to the By-Laws:

RESOLUTION NO. 4

Re: Amendments to By-Laws, Section 3 (r), Chapter VI, Field Secretary—Duties.

Submitted by John Cline, San Francisco.

(For action thereon by H. of D., see minutes, on page 282.)

Resolved, That Section 3(r), of Chapter VI of the By-Laws of this Association, California Medical Association, be and the same hereby is amended by adding to said Section 3(r) the following:

or, if one or more executive or field secretaries are employed under Section 8 of Chapter IV of these By-Laws, any of the duties set forth in the preceding subdivisions of this Section 3 may be assigned to such executive or field secretary or secretaries by resolution of the House of Delegates or the Council.

so that said Section 3(r) shall hereafter read as follows:

(r) Other Duties

He shall perform such other duties as the Council or Executive Committee may direct, or, if one or more executive or field secretaries are employed under Section 8 of Chapter IV of these By-Laws, any of the duties set forth in the preceding subdivisions of this Section 3 may be assigned to such executive or field secretary or secretaries by action of the House of Delegates or the Council, under said Section 8 of Chapter IV.

Another amendment to the By-Laws:

RESOLUTION NO. 5

Re: Duties of Secretary-Treasurer and Executive or Field Secretary.

Submitted by John Cline, San Francisco.

(For action thereon by H. of D., see minutes, on page 282.)

WHEREAS, Under Section 8 of Chapter IV and under Section 3(a) of Chapter VI of the By-Laws of this Association, California Medical Association, the House of Delegates is authorized to determine the duties of the Secretary-Treasurer and the Executive Secretary or Field Secretary of this Association in the event that the Council shall employ an executive or field secretary; now, therefore, be it

Resolved, That when the Council employs an executive secretary or a field secretary, the respective duties of the Secretary-Treasurer of this Association and of such Executive or Field Secretary shall be as follows:

1. *Duties of Secretary-Treasurer*—The Secretary-Treasurer shall perform the duties now set forth in sections 3(a), 3(c) and 3(f) of Chapter VI of the By-Laws of this Association and such other duties as may, from time to time, be delegated to him by resolution of the House of Delegates.

2. *Duties of Executive Secretary*—The Executive Secretary shall perform all of the duties enumerated in Section 3 of Chapter VI of the By-Laws, except those duties hereinabove assigned to the Secretary-Treasurer and, in addition, shall perform such other duties as may, from time to time, be delegated to him by the House of Delegates or by the Council or by the Executive Committee.

3. *Duties of Field Secretary*—The Field Secretary shall perform such duties as may, from time to time, be assigned to him by the Council or by the Executive Committee; and be it further

Resolved, That the Council is hereby requested to employ an executive secretary in order that this resolution may become operative and, when such executive secretary is employed, this resolution and the allocation of duties hereunder shall immediately become fully effective for all purposes.

Just one more—a resolution:

RESOLUTION NO. 6

Re: Reorganization of Secretarial Office.

Submitted by John Cline, San Francisco.

(For action thereon by H. of D., see minutes, on page 282.)

WHEREAS, The House of Delegates of the California Medical Association at its 1939 meeting at Del Monte recommended the appointment of a committee of this House to study and make suggestions for changes in the organization of the secretarial office; and

WHEREAS, This Committee reflected in its report the desire of the House of Delegates representing the medical profession of California for a definite change in management of its affairs and recommended these definite changes; and

WHEREAS, The Council of the California Medical Association failed to execute the known wishes of its delegates for complete reorganization of the set-up of the secretarial office; therefore, be it

Resolved, That the Council of the California Medical Association be instructed by the House of Delegates to appoint an executive secretary, and otherwise reorganize the secretarial office in accordance with the recommendations of the "Office Survey Committee"; and be it further

Resolved, That the Council of the California Medical Association shall, at its first meeting after the closing of the House, take steps to effect the recommended reorganization.

DOCTOR GOIN: The proposed amendments to the Constitution will come up for your disposition at the 1941 meeting of the House of Delegates, and must, in the meantime, be published at least twice in CALIFORNIA AND WESTERN MEDICINE.

The Resolutions and amendments to the By-Laws, presented by Doctor Cline, are referred to Reference Committee No. 3. Dr. Ayres!

DOCTOR AYRES: Mr. Speaker! Members of the House of Delegates!

RESOLUTION NO. 7

Re: Medical Care Through California Physicians' Service for Persons Receiving Public Assistance.

Submitted by Samuel Ayres, Jr., Los Angeles.

(For action thereon by H. of D., see minutes, on page 283.)

WHEREAS, The Council of the California Medical Association, by resolution adopted February 17, 1940, requested the Trustees of California Physicians' Service to communicate with the appropriate governmental authorities, and to propose a general plan whereunder medical care of persons receiving their medical services at public expense would be undertaken by the medical profession of the State of California through California Physicians' Service; and

WHEREAS, The Trustees of California Physicians' Service, in compliance with the request of the Council of the California Medical Association, immediately undertook discussions with various public officials and, through a special committee appointed for such purpose, has prepared a general plan for the medical care of persons securing public assistance; and

WHEREAS, The plan which has been formulated by the special committee representing the Trustees of California Physicians' Service is, in substance, as follows: That essential medical services be furnished to those persons designated as being entitled thereto by the appropriate governmental agency, through the facilities of California Physicians' Service under an arrangement with the Relief Commission of the State of California or the proper relief authorities of political subdivisions of the State of California or any other agency designated by the California legislature; that such arrangement or agreement of such governmental agency shall provide for the undertaking and performance of such essential medical services in order to aid in the rehabilitation of the recipients thereof, for payment of reasonable compensation for the performance of such services, for the efficient and economical administration of such medical service program, to the end that the public welfare may be promoted both as to medical needs and conservation of public funds, for advance of necessary administrative expenses and for the vesting of responsibility for the proper functioning of the service in the medical profession through California Physicians' Service.

ice shall have complete control of the rendition of medical services, subject only to necessary integration with relief agencies and necessary accountability for funds; and

WHEREAS, The Board of Trustees of California Physicians' Service proposes that if such plan should be undertaken, its administration must be separate and independent of its present activities so that each professional member of California Physicians' Service will be afforded an opportunity to accept or refuse to perform services under such public assistance program, and so that the compensation paid to professional members will be on a different basis than compensation now paid under the unit system for services rendered to beneficiary members, such payment of compensation for services under the public assistance program to be measured by the funds available from public sources; and

WHEREAS, The Board of Trustees of California Physicians' Service has, by resolution adopted on May 5, 1940, approved the plan as above outlined and has stated that if the House of Delegates of the California Medical Association requests further prosecution of said plan it will offer its present facilities to aid in the furtherance of said plan; now, therefore, be it

Resolved, That the California Medical Association approves the general plan for the undertaking of medical care of persons receiving public assistance by and through California Physicians' Service and hereby requests California Physicians' Service to do everything in its power to further said plan on behalf of the people of the State of California; and be it further

Resolved, That in the event funds are necessary for the furtherance of said plan the Council of this Association is hereby requested to give such financial aid as may appear to it to be proper.

DOCTOR GOIN: This resolution will be referred to Reference Committee No. 3. Doctor Bear!

RESOLUTION NO. 8

Re: *Secretarial and Editorial Management*.

Submitted by N. K. Bear, Riverside.

(For action thereon by H. of D., see minutes, on page 282.)

WHEREAS, CALIFORNIA AND WESTERN MEDICINE is not as large or complicated a publication as to demand the appointment of an additional editorial board, a managing editor, and a business administrator; and

WHEREAS, Reading of reports in the "Pre-Convention Bulletin" gives the impression that some of the suggestions that have been made in regard to office management and editorial supervision would only lead to confusion and greater, instead of less expense in administration, or in results achieved; therefore be it

Resolved, That this House of Delegates suggests that the present secretarial and editorial management be continued, but that a man assistant to the Secretary be secured, if possible, the plan of pensions for two older employees also be carried out, if that plan is found to be feasible.

DOCTOR GOIN: This resolution will be referred to Reference Committee No. 3. Dr. Lee!

DOCTOR LEE: A resolution:

RESOLUTION NO. 9

Re: *Medical Care of Students*.

Submitted by Russel V. Lee, Palo Alto.

(For action thereon by H. of D., see minutes, on page 285.)

WHEREAS, There is a need for adequate student health services to be provided for the medical care of students in colleges and junior colleges; and

WHEREAS, The California Physicians' Service can make available a complete service of this kind; be it

Resolved, That the House of Delegates instruct the Trustees of the California Physicians' Service to prepare a contract for submission in the colleges and junior colleges to provide a complete medical service for them.

DOCTOR GOIN: This resolution will be referred to Reference Committee No. 3. Doctor Askey!

DOCTOR ASKEY: Doctor Askey of Los Angeles. This resolution is presented through a caucus of southern dele-

gates of California, with their approval. The subject is: Committee on Public Health Education.

RESOLUTION NO. 10

Re: *Committee on Public Health Education*.

Submitted by E. V. Askey, Los Angeles.

(For action thereon by H. of D., see minutes, on page 286.)

WHEREAS, The Committee on Public Health Education, which was brought into activity at the meeting of the California Medical Association in the spring of 1939, has assumed activities of a far-reaching nature, to-wit, the development of an essay contest in the schools, the development of an educational program through motion pictures, the development of an adult education program through forums, a program of recommending popular books on medical subjects for libraries throughout the State, a program of placing literature on health and medical matters in schools and colleges, the employment of a public relations counsel who has successfully disseminated information in newspapers throughout California regarding medical matters, and who has in many other ways been able to present accurate information regarding medical science to the people, and to members of the Legislature; and

WHEREAS, This committee has been able to operate through a special assessment of the members of the California Medical Association; and

WHEREAS, It would be desirable to make these various activities a continuing program from year to year with at least part of the personnel of the committee holding over from one year to the next; therefore be it

Resolved, That the Committee on Public Health Education be established as a standing committee, and for this purpose the By-Laws of the California Medical Association be amended, as follows:

Under Chapter V, Section 1, listing the standing committees, shall be added: Committee on Public Health Education.

DOCTOR GOIN: This resolution will be referred to Reference Committee No. 3. Doctor McClendon!

DOCTOR MCCLENDON: Mr. Speaker! Members of the House of Delegates! I would like to present this resolution, as a resolution emanating from the First District.

RESOLUTION NO. 11

Re: *Basic Science Law*.

Submitted by S. J. McClendon (for San Diego County Medical Society).

(For action thereon by H. of D., see minutes, on page 286.)

WHEREAS, Improved standards of training, especially in professions which deal so intimately with the health of the people, are desirable; and

WHEREAS, It seems right and reasonable to establish similar standards for basic training in all branches of the healing art; therefore be it

Resolved, That this House of Delegates of the California Medical Association does hereby instruct the Council of the California Medical Association as a mandate to immediately take the proper steps for an initiative at the next general election for a proper Basic Science Law, and that funds for such an initiative be assessed at this meeting of the House of Delegates to properly finance this undertaking.

DOCTOR GOIN: This resolution is referred to Reference Committee No. 3. Doctor Pollock!

DOCTOR POLLOCK: The Sacramento delegation wishes to present this resolution, at the request of the Sacramento Society.

RESOLUTION NO. 12

Re: *Observance of Constitutional Provisions*.

Submitted by Wayne Pollock, Sacramento (for Raymond Wallerius, Manuel Azevedo, Wayne Pollock).

(For action thereon by H. of D., see minutes, on page 290.)

WHEREAS, The enabling Resolution of the House of Delegates adopted December 17, 1938, authorized the Council of the California Medical Association "to lend or advance,

upon such terms as it deems desirable, to any nonprofit medical service corporation caused to be formed by it, such sum or sums from the funds of the Association up to a maximum of \$15,000, as it deems necessary or expedient; and

WHEREAS, Article VII, Section 6, of the Constitution specifically provides "Subject only to provisions of this Constitution and By-Laws and all resolutions and enactments of the House of Delegates, the Council shall be vested with full and complete power and authority to manage, control, use, invest, reinvest, lease, make contracts in respect of, and concerning, convey, give, grant, transfer, or otherwise dispose of all property and assets of whatever kind or nature owned by the Association, and shall also be vested with full and complete power and authority to do and perform all acts, and to transfer all business for and on behalf of the Association, and to manage and conduct all the work and activities of the Association in carrying out the purposes thereof"; and

WHEREAS, On October 7, 1939, and January 6, 1939, the Council did advance sums totaling \$22,000 to California Physicians' Service in excess of the "maximum of \$15,000" provided by the House of Delegates; now therefore be it

Resolved, That this House of Delegates disapproves of the action of the Council in illegally advancing money in excess of the maximum clearly specified in the enabling resolution when legal provision existed in the By-Laws of the California Physicians' Service for raising any additional sum which might be necessary for the financing of that organization; and be it further

Resolved, That the House of Delegates hereby pledges itself to insist on the observance of the Constitution and By-Laws in the future conduct of the affairs of the California Medical Association.

DOCTOR GOIN: This resolution will be referred to Reference Committee No. 3. Doctor Anderson!

1 1 1

DOCTOR ANDERSON: Of Los Angeles. I would like to present the following resolution.

RESOLUTION NO. 13

Re: CALIFORNIA AND WESTERN MEDICINE—*Publications Committee*.

Submitted by C. Max Anderson, Los Angeles.

(For action thereon by H. of D., see minutes, on page 282.)

WHEREAS, CALIFORNIA AND WESTERN MEDICINE is the medium through which the California Medical Association makes it possible for every member to remain in touch with its policies and activities, and to aid in their promotion; and

WHEREAS, It seems probable that the recent reduction in size and number of pages, with omission of some of its past departments and features is resulting in a journal of less interest and value to members, especially to those who do not attend annual sessions and other meetings and to whom the JOURNAL is an important medium of contact; and

WHEREAS, It has been shown that the advertising income of our JOURNAL is higher than that of any other state medical journal, and that when the usual subscription price allocated from the general funds is added to the advertising revenue, the JOURNAL and its supplements are not being produced at a loss; and

WHEREAS, Such features as discussions of contributed articles by other members, Bedside Medicine, and the Lure of Medical History were of value not only by emphasizing medical problems, but also because they afford training in writing to members who participated; therefore, be it

Resolved, That the House of Delegates asks the Council to avoid plans to reduce the official JOURNAL to skeleton form, and, if possible, to give the Publications Committee and editor authority to reestablish important features; and be it further

Resolved, That the House of Delegates compliments the Editor and past contributors to CALIFORNIA AND WESTERN MEDICINE on the excellence of the publication; and be it further

Resolved, That the Council be directed to approve the request of the Committee on Publications that it be given the necessary appropriations to hold two or more meetings a year, to permit better cooperation with the Editor.

DOCTOR GOIN: This resolution will be referred to Reference Committee No. 3. The Chair recognizes Doctor Wiley!

DOCTOR WILEY: Harry Wiley, delegate of Los Angeles County, introducing three resolutions:

RESOLUTION NO. 14

Re: *Expert Testimony*.

Submitted by Harry Wiley, Los Angeles.

(For action thereon by H. of D., see minutes, on page 290.)

WHEREAS, Expert testimony by physicians is becoming an increasingly important factor in litigation, due to the increase in number of suits arising out of personal, industrial, and other injuries; and

WHEREAS, Existing methods of employing expert witnesses often result in creating the impression that such witnesses are biased in favor of their employers, especially when conflicting opinions are expressed by such witnesses; and

WHEREAS, The Industrial Accident Commission employs physicians known as "Expert Medical Examiners," who serve in a semi-judicial capacity to examine claimants and appraise their disabilities even though such examiners may be employed more or less by insurance companies or attorneys who are parties to the litigation, and whose interests and motives are by such employment laid open to question; and

WHEREAS, The interests of justice and the good name of the medical profession would be best served by the elimination, in so far as possible, of situations wherein expert witnesses are open to charges of prejudice for financial or other reasons; therefore, be it

Resolved, That the Council of the CALIFORNIA MEDICAL ASSOCIATION be instructed to designate a suitable committee or committees to study the existing situation, consider the laws of other states respecting expert witnesses, confer with representatives of the Bar Association, Judiciary, Industrial Accident Commission, and with scientific and technical groups having a similar problem, with the purpose of securing improved procedure in selecting expert witnesses or medical examiners, and that the Council be authorized to seek remedial legislation if it seems advisable to do so.

The second resolution:

RESOLUTION NO. 15

Re: *Malpractice Suits*.

Submitted by Harry Wiley, Los Angeles.

(For action thereon by H. of D., see minutes, on page 290.)

Resolved, That the House of Delegates of the California Medical Society endorse and support a bill or bills introduced in the Legislature to alleviate the burden of malpractice suits of the medical profession, as well as dentists, nurses, and all people rendering similar service:

First: To compel plaintiff to post bond for cost of suit or to limit the amount of recovery in any malpractice suit to \$4,000.

Second: In all auto accidents the doctor shall have the first lien on any damage recovery from the insurance company or private individuals.

Another resolution:

RESOLUTION NO. 16

Re: *Public Health League of California*.

Submitted by Harry Wiley, Los Angeles.

(For action thereon by H. of D., see minutes, on page 286.)

WHEREAS, The medical profession is facing continuing and enlarged economic and political problems involving a field foreign to that of the doctor of medicine, trained in scientific fields; and

WHEREAS, Our professional future demands that these problems be met aggressively, and that the public be educated to a better understanding of the progress of medicine in meeting these economic and political problems; and

WHEREAS, The field of economics, politics, publicity and public relations is one that exceeds the capacity of the doctor of medicine and demands the services of experts; and

WHEREAS, The activities of the California Medical Association are expanding to the point where our expenditures exceed our income, and many members resent special assessments or any increase in dues; and

WHEREAS, There is in existence an organization that for the past seven years has successfully united the strength of the medical and allied profession in coping with legislative and political questions, and in so doing has developed a state-wide machinery for disseminating information to the public; now, therefore, be it

Resolved, By the House of Delegates of the California Medical Association that in the interests of economy and effective results, this Association shall discontinue its efforts through special and standing committees to handle public relations, publicity and public education programs, and shall make use of the existing facilities and experience of the Public Health League of California for such purposes, and to this end, be it further

Resolved, That every member of the California Medical Association be urged to immediately become a member of The Public Health League of California and continue active support of that organization.

DOCTOR GOIN: These resolutions will be referred to Reference Committee No. 3. Doctor Cooper!

♦ ♦ ♦

DOCTOR COOPER: Of San Diego. This is relative to the Committee on Publications, a proposed amendment to Chapter V, Section 10.

RESOLUTION NO. 17

Re: *Committee on Publications*.

Submitted by A. J. Cooper, San Diego.

(For action thereon by H. of D., see minutes, on page 282.)

Proposed Amendments Chapter 5, Section 10, Relating to the Committee on Publications

Resolved, That we shall add thereto the following paragraph:

The Chairman of the Committee on Publications shall be the associate editor ex officio (and/or scientific editor) of the OFFICIAL JOURNAL of the California Medical Association.

DOCTOR GOIN: This will be referred to Reference Committee No. 3. Doctor Barnard!

♦ ♦ ♦

DOCTOR BARNARD: Barnard of Oakland. I wish to present the following resolution on behalf of the Alameda County delegation.

RESOLUTION NO. 18

Re: *Change in Name of Section on Industrial Medicine and Surgery*.

Submitted by Leonard Barnard, Oakland.

(For action thereon by H. of D., see minutes, on page 290.)

Resolved, That the House of Delegates authorizes the change in the name of the existing Section on Industrial Medicine and Surgery to that of the Section on Orthopedic and Traumatic Surgery.

DOCTOR GOIN: This resolution will be referred to Reference Committee No. 3. Doctor Compton!

♦ ♦ ♦

DOCTOR COMPTON: I have three amendments to the By-Laws. An amendment to Chapter II, Section 10, of the California Medical Association:

RESOLUTION NO. 19

Re: *Amendment to Chapter II, Section 10, of the By-Laws of the California Medical Association Membership—Transfer of Residence*.

Submitted by C. S. Compton, Bakersfield.

(For action thereon by H. of D., see minutes, on page 290.)

Resolved, That Section 10 of Chapter II of the By-Laws of this Association, the California Medical Association, be and the same is hereby amended by striking out all the present Section 10 of Chapter II of said By-Laws, and inserting in lieu thereof the following:

SECTION 10.—*Membership as Affected by Transfer of Residence*

A member who changes his residence from the county through whose Component County Society he holds membership in this Association to another county in which there is a Component County Society, is eligible to apply for membership in the Component County Society of his new residence after the expiration of six months from the date of such change of residence.

Such application shall be accompanied by transfer card from the Component County Society of his former residence stating that his dues have been paid for the current year, and shall be balloted upon in the same manner as any other application for membership.

At the expiration of one year from the date of such change of residence, membership in this Association shall automatically be forfeited unless such member shall have been elected to membership in the Component County Society of the county of his new residence; provided that such membership shall not be forfeited prior to the expiration of one year from the adoption hereof; and provided further, that such member shall have the right to maintain his membership in the Component County Society of the county of his former residence if the Council of this Association gives its official sanction thereto.

An amendment to Chapter II, Section 8:

RESOLUTION NO. 20

Re: *Residence Requirement—By Transfer*.

Submitted by C. S. Compton, Bakersfield.

(For action thereon by H. of D., see minutes, on page 290.)

Resolved, That Section 8(b), Chapter II of the By-Laws of this Association, California Medical Association, be and the same is hereby amended by striking out all of the present Section 8(b) after the word "upon" in line 7; the part to be stricken out reading as follows:

"provided, however, that this time requirement as to residence shall not apply to applicants who seek admission to a component county society by proper transfer credentials from some other component county society of this Association."

An amendment to Chapter II, Section 9, of the By-Laws of the California Medical Association:

RESOLUTION NO. 21

Re: *Amendment to Chapter II, Section 9, of the By-Laws of the California Medical Association. Practice Conducted in More Than One County*.

Submitted by C. S. Compton, Bakersfield.

(For action thereon by H. of D., see minutes, on page 290.)

Resolved, That Section 9, Chapter II of the By-Laws of this Association, the California Medical Association, be and the same is hereby amended by adding an additional section entitled Section (d) to read as follows:

(d) *Membership Where Practice Is Conducted in More Than One County*

A member of this Association who extends his regular practice to a county or counties other than that through whose Component County Society he holds his membership, either by opening an office for part-time practice in such other county or by engaging in contract practice, or practice on a salary basis, either of which requires his presence at regular stated intervals, must secure the official sanction of the component county society of such other county or counties within one (1) year from the beginning of such extended practice. Failing to secure such official sanction, it shall be the duty of the Council of this Association, upon receipt of formal protest from the component county society of such other county, to make an investigation to determine whether or not this section is being violated; in case a violation is found to exist the Secretary of the Council shall immediately notify the offender to discontinue such practice. Failure to discontinue such practice within thirty days from receipt of such notice shall automatically forfeit the offender's membership in this Association.

This section shall not be applied retroactively, except that from the effective date hereof all members of this Association shall comply herewith.

DOCTOR GOIN: These are referred to Reference Committee No. 3. Doctor Compton still has the floor.

RESOLUTION NO. 22

Re: *California Physicians' Service Acquisition Policies*. Submitted by C. S. Compton, Bakersfield.

(For action thereon by H. of D., see minutes, on page 291.)

WHEREAS, The House of Delegates of the California Medical Association originated the California Physicians' Service; and

WHEREAS, Organization funds came from the members of the California Medical Association through the medium of professional memberships; and

WHEREAS, Loans to a considerable sum have been advanced by the California Medical Association through its Council until the present assets of the California Medical Association are in jeopardy; and

WHEREAS, The acquisition policy of the California Physicians' Service has failed to reach a sufficient number of beneficiary members to make California Physicians' Service self-sustaining, and additional financing from some source will be necessary in the near future; and

WHEREAS, California Physicians' Service is contemplating the acquisition of a large group which will require funds in additional amount; therefore, be it

Resolved, That the House of Delegates request that California Physicians' Service put into effect an acquisition policy under which the professional members shall be invited to receive individual applications from employed persons between the ages of 20 and 40, provided the professional member shall certify the present status of the applicant's health to the extent of a physical examination if necessary at no cost to the applicant or the California Physicians' Service, and, further provided, the applicant shall pay, in addition to the one dollar registration fee, a sum equivalent to not less than three months' advance payment at not less than \$1.85 per month; and be it further

Resolved, That the present acquisition policy shall continue as at present and that individual applications shall not be accepted after the California Physicians' Service has reached a total of 25,000 beneficiaries, or has become self-sustaining.

DOCTOR GOIN: This resolution will be referred to Reference Committee No. 3. Doctor Bullock!

RESOLUTION NO. 23

Re: *Pound Legislation.*

Submitted by L. T. Bullock, Los Angeles.

(For action thereon by H. of D., see minutes, on page 294.)

WHEREAS, The use of animals from public pounds was in principle supported by the people of California when they defeated the so-called Humane Pound Law; and

WHEREAS, The antivivisectionist forces through control of the pounds have, since that time, attempted to thwart the will of the people by refusing to sell any unclaimed animals to scientific organizations to be used to protect the public health and have uselessly destroyed them instead; and

WHEREAS, Such use of these animals would improve the public welfare without suffering by the animals; therefore, be it

Resolved, That the Legislative Committee be directed to seek legislation which will allow the use of unclaimed animals from the public pounds by recognized scientific organizations for investigative purposes.

DOCTOR GOIN: This will be referred to Reference Committee No. 3. Go ahead, Doctor Bullock.

RESOLUTION NO. 24

Re: *Proposed Legislation Granting Traffic Law Exemptions to Physicians.*

Submitted by L. T. Bullock, Los Angeles.

(For action thereon by H. of D., see minutes, on page 294.)

WHEREAS, In consideration of the fact that during a revision of the Motor Vehicle Code in 1935, the traditional exemption from the speed laws allowed physicians responding to emergency calls was eliminated without cause; and

WHEREAS, The fact that congested traffic conditions in large metropolitan areas are making it more and more difficult to respond to emergency calls within a reasonable period of time; and

WHEREAS, The fact that the present law clearly accepts the principle and necessity of exempting certain vehicles engaged in protecting the health and life of the public; and

WHEREAS, Considering the fact that preventing suffering and protecting the life of private patients is just as important as for charity patients treated by public ambulances; and

WHEREAS, The fact that circulatory catastrophies, post-operative complications, trauma in the home and other conditions treated by private physicians require prompt attention to prevent suffering, protect life and allay anxiety of anxious relatives just as much as traffic accidents and ordinary conditions treated by ambulance doctors; and

WHEREAS, The fact that arbitrary assignment of all emergency work to government controlled ambulance doctors is not a function of the Motor Vehicle Code; and

WHEREAS, The fact that assignment of such work to ambulance doctors or nearby doctors, rather than the patient's private physician, who is familiar with his previous history and findings, will necessarily result in avoidable suffering and loss of life; and

WHEREAS, Considering the fact that there is a contradiction in the laws which require the physician to protect his patient and at the same time when the patient is dying for lack of attention to drive 15 to 25 miles an hour when traffic conditions would safely allow a faster rate of travel; and

WHEREAS, The fact that although a vehicle going for a sick patient and taking him to a doctor is exempt, the physician himself may not go to the critically ill patient without obeying every technical traffic regulation; and

WHEREAS, That these contradictions result in a varying interpretation of the law by traffic officers and judges to the confusion and expense of the physician desirous of performing his duty and obeying the law; and

WHEREAS, The fact that the public is unaware of this change in the law, expects their physicians to respond within a time commensurate with the degree of the emergency and would violently object to the increased suffering and loss of life which, abiding by this change in the law, would cause; and

WHEREAS, The fact that a physician protecting human life is much more important to the public than a fish warden or a utility truck which the law now exempts; and

WHEREAS, The fact that obeying the present traffic laws will cause the physician to either neglect his human and professional duty to his patients or be subjected to heavy fines; and

WHEREAS, The fact that some thoughtless physicians in the past have abused this exemption does not alter its value and necessity to the public, when properly controlled; and

WHEREAS, Considering the fact that the present law presents difficulties to the traffic officer who realizes the necessity of the exemption under certain circumstances and yet must enforce the law as it is written; and

WHEREAS, The fact that this exemption is for the protection of the public rather than a courtesy to the profession; and

WHEREAS, The fact that the Motor Vehicle Department is aware of the contradiction which the error of eliminating this exemption in 1935 has caused and would probably cooperate in an effort to protect the public; therefore, be it

Resolved, That the Legislative Committee be directed to seek legislation which will restore the exemptions to the traffic laws to physicians when responding to emergency calls with whatever restrictions may be required to prevent abuse and yet be consistent with preventing suffering of private patients and protecting the lives of the public.

DOCTOR GOIN: Reference Committee No. 3. Doctor Varden, of San Bernardino.

RESOLUTION NO. 25

Re: *Past President.*

Submitted by A. E. Varden, San Bernardino.

(For action thereon by H. of D., see minutes, on page 294.)

WHEREAS, The economic and financial loss of the President of the California Medical Association, due to the fact that he has served one year as President-elect and another year as President, is considerable; and

WHEREAS, In the past it has been seen fit to declare the immediate past president a member ex officio of the Council of the California Medical Association; and

WHEREAS, We feel the financial and economic loss to the immediate past president has been considerable and sufficient; and

WHEREAS, The incumbent President has had one year of experience as president-elect, and

WHEREAS, The presence of the immediate past president, plus the influence which he may, and of necessity, does exert, may cause embarrassment to the acting President, be it

Resolved, That we rescind all former regulations relative to the ex officio position of the immediate past president and declare that his official activities cease with the completion of his duties as President of the California Medical Association; and be it further

Resolved, That Article X, Section 4 of the By-Laws be amended to read:

The President, President-Elect, and Speaker of the House shall be ex officio members of the Council with all the rights of councilors.

DOCTOR GOIN: That will be referred to Reference Committee No. 3. Doctor Ruddock!

DOCTOR RUDDOCK: I wish to propose two amendments to the Constitution. The first:

PROPOSED AMENDMENT TO CONSTITUTION: NO. VI

Resolved, That Section 4 of Article V of the Constitution of this Association, California Medical Association, which is entitled "Terms of Delegates and Alternates; One-Half Elected Each Year," be and the same hereby is amended to read as follows:

Delegates and alternates shall be elected by the several component county societies respectively for a term of two years; one-half of the delegates and alternates representing each component county society, as near as may be, shall be elected each year, provided that, in order to equalize the number of delegates elected each year, where at present the inequality in number is greater than one, a component county society may elect a sufficient number of delegates for a term of one year to equalize future elections in such society. Delegates and alternates shall be elected directly at regular elections by the members of each component county society by an equitable method to be selected by each society, and shall not be elected or appointed by the Council, Board of Directors or Trustees or other governing body or by any officers or officer thereof, except to fill vacancies occurring between such regular elections; any delegate or alternate so selected to fill such a vacancy shall serve only until his successor shall have been duly elected.

PROPOSED AMENDMENT TO CONSTITUTION: NO. VII

The second resolution:

Resolved, That Section 1 of Article X of the Constitution of this Association, California Medical Association, be amended by adding to said section a new paragraph reading as follows:

No member who holds any office in a component county society and who is elected as an officer of this Association (except the Vice-Speaker of the House of Delegates and the Editor) shall be eligible to serve as such officer of this Association unless he shall, forthwith upon his election, resign any of the offices hereafter set forth held by him in a component county society; and, in the event that he fails to do so, the Council, at its first meeting after such election, shall declare vacant the office of this Association to which he has been elected. The offices of a component county society from which such an officer-elect of this Association must resign are: President, Vice-President, Secretary, Treasurer, Councilor, Director, Trustee or any other office however entitled, the powers and duties of which would customarily include a substantial part of the powers and duties of any of said named offices.

DOCTOR GOIN: These amendments to the Constitution will necessarily hold over for one year.

Doctor Quaintance has the floor.

DOCTOR QUAINANCE: Mr. Speaker! Quaintance of Los Angeles, presenting one resolution on Public Health Education, from the Los Angeles County delegation.

RESOLUTION NO. 26

Re: *Public Health Education*.

Submitted by Paul A. Quaintance, Los Angeles.

(For action thereon by H. of D., see minutes, on page 294.)

WHEREAS, The attitude of the public toward the medical profession is determined largely by information released via the radio and the press; and

WHEREAS, Certain well-organized and adequately subsidized minority groups are utilizing these agencies regularly for the spread of propaganda tending to impair the confidence of the public in the medical profession, and to foster a demand for radical changes in the system of medical practice; and

WHEREAS, Organized medicine has not utilized sufficiently some of the means available to it for public health education; therefore be it

Resolved, That the California Medical Association approve the principle of public health education; that it aggressively promote the use of available means, including the radio, the press (both newspaper and periodicals), and direct appeal through public speaking and individual contact; and be it further

Resolved, That the California Medical Association countenance the submission by members, for publication in

newspapers and periodicals, of comprehensive articles on medical topics, general in scope and written in simple language expressly designed for instructing lay people; that component county medical associations are urged to create committees on public relations for review and approval of any such articles submitted by its members; that articles published make no mention of the author's personal accomplishments or discoveries, and that each published article be accompanied by the caption: "This article is released in the interest of public health education and with the approval of the ——— County Medical Association."

DOCTOR GOIN: This will be referred to Reference Committee No. 3. Doctor Ruth!

DOCTOR RUTH: I wish to submit the following resolution:

RESOLUTION NO. 27

Re: *Continuance of Committee and Department of Public Relations*.

Submitted by Edward Ruth, Los Angeles.

(For action thereon by H. of D., see minutes, on page 282.)

WHEREAS, The existence of a Committee on Public Relations, as provided in the California Medical Association By-Laws, has been shown to be a valuable adjunct to the activities of the Association, because the committee provides a deliberative body which can study public relations problems and matters submitted to it by the Council, while affording the chairmen of standing committees who constitute its membership an opportunity to secure increased knowledge and training concerning the work of their own committees; and

WHEREAS, During the past year it has made an excellent record of work on the basic science law, on the compulsory health act, the medical defense brochure, and in the distribution of press releases to newspapers; therefore, be it

Resolved, That this House of Delegates commends its work and directs the continuance of the committee and Department of Public Relations, and requests the committee to carry on its efforts, as in the past years, in cooperation with the Council, the Health Education, and other committees.

DOCTOR GOIN: Reference Committee No. 3. Doctor Ghrist!

DOCTOR GHRIST: Orrie Ghrist of Los Angeles County.

RESOLUTION NO. 28

Re: *Postgraduate Activities*.

Submitted by Orrie Ghrist, Los Angeles.

(For action thereon by H. of D., see minutes, on page 294.)

WHEREAS, The Committee on Postgraduate Activities has demonstrated, to a number of county societies, the value of its clinical and refresher courses; and

WHEREAS, Members unable to attend annual sessions of the California Medical Association are thereby given an opportunity to meet fellow practitioners and to discuss problems; and

WHEREAS, The experience of our own and other state medical societies proves that these courses are desirable and should be supported and encouraged by all county societies; therefore, be it

Resolved, That each county medical society in California is urged to appoint an active local committee on postgraduate work, to cooperate through the headquarters office and State Postgraduate Committee in the inauguration of a postgraduate conference or refresher course at least once each year; and be it

Resolved, That the State Committee on Postgraduate Activities and its executive officer, the Association Secretary, be commended for the efficient way in which they have carried on the work during the past year.

DOCTOR GOIN: Reference Committee No. 3. Doctor Gernand!

DOCTOR GERNAND: This resolution was written by the section of Anesthesiology in the California Medical Association.

RESOLUTION NO. 29

Re: *American Medical Association Section on Anesthesiology.*

Submitted by Henry Gernand, Los Angeles.

(For action thereon by H. of D., see minutes, on page 294.)

Resolved, That, whereas a section of Anesthesiology has been approved by the proper committee of the American Medical Association, and this will be presented to the House of Delegates of the American Medical Association for their approval at the coming meeting in New York; be it resolved that the House of Delegates of the California Medical Association approve the formation of this section of Anesthesiology, and instruct their delegates to so vote in New York,

DOCTOR GOIN: That will go to Reference Committee No. 3. Doctor Josephson!

* * *

DOCTOR JOSEPHSON: Josephson of Santa Clara.

RESOLUTION NO. 30

Re: *Fees in County Hospitals.*

Submitted by J. B. Josephson, Santa Clara.

(For action thereon by H. of D., see minutes, on page 294.)

Resolved, That the California Medical Association investigate the practice in county hospitals regarding public liability accident cases, in which the hospital is paid a per diem fee and the attending surgeon is not paid; and be it further

Resolved, That all steps be taken to investigate the legality of this procedure; and be it further

Resolved, That the legality of the presentation and collection of professional fees by the nonpaid attending staff physician be investigated.

DOCTOR GOIN: Reference Committee No. 3. Doctor Carr!

* * *

DOCTOR CARR: This is a resolution which did not emanate from the San Francisco County Medical Society, but rather from a group of young men who are interested in the guiding ability of the California Medical Association.

RESOLUTION NO. 31

Re: *County Society: Disciplinary Action.*

Submitted by Jesse Carr, San Francisco.

(For action thereon by H. of D., see minutes, on page 295.)

WHEREAS, The California Medical Association in a special meeting of the House of Delegates has, by an overwhelming majority, directed the organization and operation of California Physicians' Service; and

WHEREAS, The members of forty-seven out of forty-eight of the county medical societies in California are supporting California Physicians' Service; and

WHEREAS, California Physicians' Service is now an operating concern fulfilling its professional and public obligations with a steadily increasing membership; and

WHEREAS, California Physicians' Service represents the united effort and endeavor of organized medicine in California to provide low-cost, competent medical service to the public; and be it

Resolved, That the House of Delegates instruct the Council to initiate suitable disciplinary action as provided in the constitution leading to revocation of the charter of any medical society which refuses to be guided by the action of the House of Delegates in this or other matters.

DOCTOR GOIN: Reference Committee No. 3.

* * *

Does any other delegate have a resolution to present? Are there any other resolutions to come before this House? (No answer.)

Mr. Secretary, have you any announcements?

DOCTOR KRESS: I desire to call the attention of the House to the fact that, during the last year, sixty-seven of our members have passed along the road from which none return. . . .

DOCTOR GOIN: Are there any further announcements, Mr. Secretary? (No further announcements.)

The next order of business is the approval of the minutes of the House. It has been the custom, in the past, for the House to authorize the President, the Secretary and the Speaker to edit the minutes. Do I hear such a motion?

DOCTOR CLINE: I so move, Mr. Speaker.

DOCTOR VOORSANGER: Second the motion.

DOCTOR GOIN: Is there any discussion?

No discussion—vote taken—motion carried and so ordered.

DOCTOR GOIN: Gentlemen, the Reference Committees will meet as follows:

Committee No. 1, Doctor Craig, Chairman, will meet at 2:00 o'clock in Room No. 102.

Committee No. 2, on the Reports of Officers and Standing Committees, will meet in Room No. 310 at 2:00 o'clock.

Committee No. 3 (God help it), will meet me in Room No. 532 at 4:00 o'clock. We suppose that it will hole in there with lots of black coffee, and perhaps it will get out and perhaps it won't.

You are reminded that it is not only your privilege but it is your duty to appear before these committees, to urge the adoption, or rejection, or amendment of any resolution in which you are interested. Remember then, the time and place of the meeting of the committee in which you might be interested.

If there is no further business to come before the House, the House will reconvene at 4:00 o'clock on Wednesday afternoon.

Now, gentlemen, you can see that we have a tremendous amount of business to transact at our remaining session. Let us, please, convene promptly at 4:00 o'clock on Wednesday.

The House stands adjourned—at 11:15 p. m.

* * *

Second Meeting, Wednesday Afternoon, May 8, 1940, in the Crown Room, Hotel del Coronado

The second meeting of the House of Delegates of the California Medical Association, in their Sixty-ninth Annual Session, held in the Hotel del Coronado, at Coronado, California, was called to order at 4:30 p. m., Dr. Lowell S. Goin presiding.

Report of Credentials Committee

DOCTOR GOIN: The first order of business is the reception of the supplementary report of Credentials. The Chair recognizes the Chairman of the Committee, Doctor Walker.

DOCTOR WALKER: Mr. Speaker! Your Committee on Credentials begs leave to report that it has registered as present a total of 130 delegates. Mr. Speaker, I move the delegates to be seated for this second meeting of the House of Delegates.

DOCTOR GOIN: Is there a second?

UNIDENTIFIED VOICE: Second the motion.

DOCTOR GOIN: It has been moved and seconded that the report of the Credentials Committee be accepted. Is there any discussion?

No discussion—vote taken—motion carried and so ordered—report accepted.

DOCTOR GOIN: Mr. Secretary, will you call the roll?

Doctor Kress, Secretary, called the roll of delegates.

DOCTOR GOIN: That comprises the House of Delegates. If any delegate arrives and his alternate wishes to relinquish his seat, he may do so, but need not do so. Doctor Roblee! . . .

1941 Session in Del Monte

DOCTOR GOIN: Mr. Secretary, will you announce the selection of the place for the 1941 Session?

DOCTOR KRESS: Mr. Speaker! The Council has selected Del Monte as the place of meeting for 1941. (Applause.)

Election of Officers

DOCTOR GOIN: The next order of business is the election of officers. Nominations are in order for the office of President-Elect. The Chair recognizes Doctor Dawson.

PRESIDENT-ELECT

DOCTOR DAWSON: Mr. Speaker! Members of the House! The Ninth District gives in nomination for the President-Elect of the California Medical Association, the name of its Councilor. He was first elected Councilor at the Oakland Convention in 1926, when he was not and had never been a member of the House, was not in attendance at the annual meeting; knew not at all what the Council was, and was known only as a willing boy worker from the egg basket of rural California. There has been no opposition to his reelection at each successive term. His territory covers our stately Redwood Empire and extends to the waters of beautiful San Francisco Bay, to the timbers of our northern neighbor State of Oregon. When he visits his most remote constituency, Siskiyou, he travels a round-trip distance, from San Francisco to Los Angeles, and that trip can be made fully neither by rail nor by air, but distance has been no obstacle to him, and each year he has visited every component county society, and many of them multiple times. Under his amalgamating councilorship there have been annual two-county, four-county and even five-county meetings. With his guiding tolerance our fellows have met shoulder to shoulder with the dentists and lawyers to discuss our common problems in open meeting. His constituency has constantly aimed at a friendly understanding with lay and legislative bodies of the district. Our Councilor has been a close link between our State Organization and the individual, wide and scattered members of the Ninth District.

I take pride and pleasure in nominating Henry Rogers as President-Elect. (Applause.)

DOCTOR GOIN: Doctor Palette!

DOCTOR PALLETTE: For a number of years now, on Tuesday morning of this week, we have had a Past-President's breakfast. These are very enjoyable occasions when we old "has-beens" who fought, bled and almost died together, get together, have our ham and eggs and remember the good old days that have gone forever. We, who have been presidents in recent years, and are still living, look with pride over the long list of our predecessors. Naturally we are interested in our successors. We hope that our successors may always be men of high standing and who are deserving.

Having worked with Henry Rogers for ten years, on the Council, I take great pleasure in seconding his nomination for President-Elect. He is a good egg. (Applause.)

DOCTOR GOIN: Doctor Anderson!

DOCTOR ANDERSON: Mr. Speaker! Members of the House! During the past several years I have had the privilege and pleasure of working on the Council and on some committees with Henry Rogers, and his well-informed, keen mind and sound judgment have often pointed the way to solution of many a difficult problem and situation that have confronted the Council during these past several years. Doctor Rogers has done a great deal to promote good-will on the part of many groups, such as the Farm Bureau and labor organizations, and this is particularly helpful during our legislative battles to prevent undesirable legislation, and Doctor Rogers has given of his time and efforts unsparingly for many years and I do not know of anyone more deserving of the honor of becoming President of the California Medical Association than Doctor Rogers. I take great pleasure in seconding that nomination. (Applause.)

DOCTOR GOIN: Doctor Kilgore!

DOCTOR KILGORE: Mr. Speaker! Members of the House of Delegates! It seems to me the House of Delegates has an opportunity, an unusual kind, to honor itself by honoring one of its most faithful, efficient and energetic servants,

and at the same time do itself a good turn by keeping that man in a position further to serve this organization. Few things that I have ever done in my life have given me more pleasure than to second the nomination of Henry Rogers. (Applause.)

DOCTOR GOIN: Are there any further nominations? If the Chair hears none it will declare the nomination closed. Hearing none, the nominations are closed. How will you vote? Doctor Doughty!

DOCTOR DOUGHTY: Mr. Chairman, I move the Secretary cast a ballot.

DOCTOR GOIN: Doctor Doughty moves that the Secretary cast a ballot of the Association for Doctor Rogers. Is there a second?

DOCTOR VOORSANGER: I second the motion.

Vote taken—motion carried.

DOCTOR GOIN: Mr. Secretary!

DOCTOR KRESS: Mr. Speaker, the Secretary has so cast.

DOCTOR GOIN: Dr. Henry Rogers is declared elected to the office of President-Elect of the California Medical Association. (Applause.)

Vice-Speaker Powell takes the chair.

SPEAKER OF THE HOUSE

DOCTOR POWELL: The next order of business is the nomination for Speaker. The Chair recognizes Doctor McCleendon.

DOCTOR MCCLENDON: Mr. Chairman, Members of the House of Delegates! Speaking for myself personally, and for the First District, it gives me great pleasure to place in nomination the name of our present Speaker, Doctor Lowell Goin, to succeed himself. It does not behoove me to eulogize or praise him, because all of you know of his excellent work, and I know that we have a lot of business and you wouldn't want a lot of speeches. It gives me great pleasure to place in nomination, Dr. Lowell Goin. (Applause.)

DOCTOR POWELL: The Chair recognizes Doctor Voorsanger.

DOCTOR VOORSANGER: On behalf of the San Francisco Delegation it gives me great pleasure to second the nomination of a very good Speaker, Lowell Goin. (Applause.)

DOCTOR POWELL: Are there any further nominations? Hearing none, we will declare the nominations closed. The nominations are closed. How will you vote?

DOCTOR POWELL: It has been moved and seconded that we vote by acclamation and instruct the Secretary to cast a unanimous vote for Lowell Goin for Speaker.

Vote taken—motion carried—so ordered.

DOCTOR KRESS: Mr. Speaker, the Secretary has so cast.

DOCTOR POWELL: I hereby declare Lowell Goin elected as Speaker to succeed himself. (Applause.)

VICE-SPEAKER OF THE HOUSE

DOCTOR POWELL: Nominations are now in order for Vice-Speaker. The Chair recognizes Doctor Clive.

DOCTOR CLINE: Mr. Speaker! It gives me great pleasure to present in nomination the name of a man who has long been active in the Association's affairs and who has done particularly good work in the California Physicians' Service, Dr. E. Vincent Askey of Los Angeles. (Applause.)

DOCTOR POWELL: Dr. Vincent Askey has been nominated. Are there further nominations? Hearing none, the Chair declares the nominations closed. They are closed. How will you vote?

DOCTOR POWELL: It has been moved and seconded that the Secretary cast a ballot for Vincent Askey for Vice-Speaker.

Vote taken—motion carried that Vincent Askey be unanimously elected Vice-Speaker.

DOCTOR POWELL: Mr. Secretary, cast the ballot.

DOCTOR KRESS: Mr. Speaker, the Secretary has so cast.

DOCTOR POWELL: Doctor Askey is duly declared elected. (Applause.) (Doctor Goin again takes the chair.)

COUNCILOR—THIRD DISTRICT

DOCTOR GOIN: The next order of business is the election of a Councilor from the Third District, to succeed Dr. Louis A. Packard of Bakersfield, incumbent, whose term is expiring. Doctor McNamara!

DOCTOR McNAMARA: Mr. Speaker! Members of the House of Delegates! At a caucus of the delegates to this Convention, from the Third Councilor District, held May 6, 1940, it was voted to nominate the incumbent, Dr. Louis A. Packard of Bakersfield, for reelection to the Council of the California Medical Association, as a representative in that body of the Third Councilor District. This note is signed by all the delegates in that district.

DOCTOR GOIN: Dr. Louis Packard is nominated to succeed himself. Are there any further nominations? Hearing none, the nominations are closed. How will you vote?

DOCTOR CLINE: I move that the Secretary cast the ballot.

DOCTOR REINLE: Second the motion.

DOCTOR GOIN: It has been moved and seconded that the Secretary cast the ballot of the Association.

Vote taken—motion carried—so ordered.

DOCTOR GOIN: Mr. Secretary!

DOCTOR KRESS: Mr. Speaker, the Secretary has so cast.

DOCTOR GOIN: Dr. Louis Packard is declared elected Councilor of the Councilorship of the Third District. (Applause.)

COUNCILOR—SIXTH DISTRICT

DOCTOR GOIN: The next order of business is the election of a Councilor for the Sixth District, Dr. Karl Schaupp of San Francisco, incumbent. Doctor Noble!

DOCTOR NOBLE: Mr. Speaker! I take great pleasure in placing in nomination for the Sixth Councilor District, the unanimous choice of the San Francisco Delegation, Dr. John W. Cline. (Applause.)

DOCTOR GOIN: Doctor Cline has been nominated. Are there any further nominations? Hearing none, the nominations are closed. How will you vote?

DOCTOR GOIN: Moved by Doctor Chandler, seconded by Doctor Voorsanger, that the Secretary cast the ballot of the House of Delegates for Doctor Cline.

Vote taken—motion carried—so ordered.

DOCTOR KRESS: Mr. Speaker, the Secretary has so cast.

DOCTOR GOIN: Doctor Cline is declared elected to the Councilorship from the Sixth District.

COUNCILOR—NINTH DISTRICT

The next order of business is nominations for Councilor for the Ninth District, Dr. Henry S. Rogers, of Petaluma, incumbent, term expiring. Doctor Dawson!

DOCTOR DAWSON: Mr. Speaker, Members of the House! The undersigned delegation of the Ninth Councilor District, nominate John W. Green of Vallejo as Councilor for the ensuing term. (Reads names of the delegation from Ninth District.)

DOCTOR GOIN: Doctor Green has been nominated. Are there any further nominations? Hearing none, the nominations are closed. How will you vote?

DOCTOR VOORSANGER: I move that the Secretary cast the ballot.

DOCTOR CLINE: I second the motion.

DOCTOR GOIN: Moved by Voorsanger, seconded by Cline, that the Secretary cast the ballot of the House.

Vote taken—motion carried—so ordered.

DOCTOR KRESS: Mr. Speaker, the Secretary has so cast.

DOCTOR GOIN: Doctor Green is declared elected to the Councilorship from the Ninth District.

COUNCILOR—FIFTH DISTRICT

Because of the resignation of Dr. C. Kelly Canelo of Santa Clara, the Councilorship from the Fifth District is vacant. Nominations are in order. Doctor Shephard!

DOCTOR SHEPHARD: Mr. Speaker! According to the provisions of the Constitution, the delegation of the Fifth District have their nomination on file with the Secretary.

DOCTOR KRESS: (Reads) The delegates of the Fifth Councilor District met in caucus today at Coronado Hotel. R. Stanley Kneeshaw was unanimously nominated for the position of Councilor, to fill out the term left vacant by the resignation of Doctor Canelo. (Reads names of delegation who signed nomination.)

DOCTOR GOIN: Doctor Kneeshaw has been nominated. Are there any further nominations? Hearing none, the nominations are declared closed. How will you vote?

Moved by Doctor Shephard, seconded by Doctor Wolfson, that the Secretary cast the ballot for the House of Delegates.

Vote taken—motion carried—so ordered.

DOCTOR KRESS: Mr. Speaker, the Secretary has so cast.

DOCTOR GOIN: Doctor Kneeshaw is declared elected to the Councilorship of the Fifth District.

COUNCILOR-AT-LARGE

The next order of business is the nomination of Councilors-at-Large. Dr. William H. Kiger of Los Angeles, incumbent, term expiring. Doctor Craig!

DOCTOR CRAIG: Mr. Speaker! Members of the House of Delegates! The selection of a man to fill the position that Doctor Kiger has held for so many years requires careful consideration. It should not be a man whose chief qualification is political ambition and desire for aggrandizement, but rather one who has demonstrated professional ethics and ability, business acuity and the willingness to apply that knowledge to the benefit of the organization; one who is presented for the office by those who have recognized in him these qualities, and who have prevailed upon him out of loyalty and devotion to the cause of organized medicine to permit his name to be submitted.

I have the great pleasure of presenting to this House of Delegates the name of a man who fulfills these requirements to a considerable and unusual degree. Those of us who have known him intimately as friend and colleague have recognized that in him, and can testify to his ability and professional reputation in his own community, and throughout Southern California. In his local society, and for the last four years as a member of the Council of the Los Angeles County Medical Association, of which he is now Vice-President, he has amply demonstrated these qualities. He is no rubber stamp, but a clear thinker, with the ability to make and defend his own convictions. He has demonstrated as well a knowledge of the problems of organized medicine. He is no politician or pseudo politician. He has no personal political ambitions. He has made no promises to his friends or to his supporters for any special privileges. I am offering you the name of a man for whom I ask your support, only on the basis of his honesty, his ability and his whole-hearted devotion to the medical profession in the State of California. I offer you the name of Dr. Edward B. Dewey of Pasadena. (Applause.)

DOCTOR GOIN: Doctor Dewey has been nominated. Doctor Kiger!

DOCTOR KIGER: Mr. Speaker! As you know, I have been on the Council for a good many years, and it is natural that I have some interest in who is to follow. The fact that a man is accused of being a politician is often because he is willing to work. I first went on the Council in 1918, when George Kress came to me in the old Potter Hotel in Santa Barbara, and said "there is a councilor job here and we can't get anybody to take it who will work. If we put you on, will you take it and will you work? Well, I told them I would do the best I could, I've always been for organized medicine and I've been on the Council ever since, and I think it is time I was getting off, before they kick me off. I'm not going to give them a chance, but I would like to put somebody on there that I know will work and has demonstrated his willingness to work, and I want to present the name of Dr. E. T. Remmen. He was one of the organizers of the Public Health League, was first President—he served eighteen months—and has served as

Executive Secretary. He has been on the Legislative Committee for seven or eight years, working with Doctor Harris's committee, and did most of the work in the South. By the way, that committee is not now represented on the Council, and I think it should be. He has been a councilor of the Los Angeles County Medical Association for five years, and he is Past-President of the Glendale branch of the County Medical Association. I would like to have you gentlemen favorably consider the name of Ed Remmen, because we know he is a hard worker, and a square shooter. (Applause.)

DOCTOR GOIN: Doctor Remmen has been nominated. Are there any further nominations? If there are none, the Chair will declare the nominations closed. Doctor Reinle!

DOCTOR REINLE: Mr. Speaker! Members of the House of Delegates! I agree in everything that Doctor Craig has said that the nominee should be, for the Council of the California Medical Association. He should be a man of dignity, a man of experience, a man of energy and a man of good judgment. In Dr. Ed Remmen we have such a man. . . .

Gentlemen, upon that Council of the California Medical Association, it is important to have men of bigness, men who will have convictions and fight for them, and men of experience. You have such a man in Doctor Remmen. He has had experience on the Legislative Committee and he should be a member of the Council, and I hope that when you cast your vote, you will give consideration to the experience that Doctor Remmen has had. (Applause.)

DOCTOR GOIN: The Chair recognizes Doctor Scatena!

DOCTOR SCATENA: May I add my second to the nomination of Doctor Remmen. He has been a very fine worker on the Legislative Committee and I think he should be on the Council. I recommend him.

DOCTOR GOIN: Thank you, Doctor Scatena. Doctor Anderson!

DOCTOR ANDERSON: I also would recommend Doctor Remmen.

DOCTOR GOIN: Are there any further nominations?

DOCTOR CLINE: I move the nominations be closed.

DOCTOR VOORSANGER: I second the motion.

DOCTOR GOIN: If there are none, the nominations will be closed. The nominations are closed. Will Dr. Wilbur Bailey of Los Angeles, Dr. Empey of Placer County and Dr. Cooper of San Diego, kindly act as tellers? While the vote is being taken, the House may relax, although we will not recess.

DOCTOR GOIN: Committee No. 3, which will report tonight, has in its files thirty-eight resolutions. These resolutions have all been mimeographed and it is proposed to distribute a copy to every member of the House of Delegates. Would the House consent to accept these mimeographed copies in place of the committee reading each resolution in complete detail?

DOCTOR DOUGHTY: I move that the mimeographed copies be accepted.

DOCTOR REINLE: I second the motion.

DOCTOR GOIN: It has been moved and seconded that the mimeographed copies be accepted in lieu of the Chairman of the Committee reading the original resolutions. Is there any discussion?

No discussion—vote taken—motion carried.

(Mimeographed copies of resolutions accepted in lieu of the Chairman of the Committee reading the original resolutions.)

STANDING COMMITTEE APPOINTMENTS

DOCTOR GOIN: To save a little time, the Secretary will announce the members of the standing committees which have been named by the Council.

DOCTOR KRESS: Mr. Speaker, the newly-elected members to the various standing committees are as follows:

Committee on Associated Societies and Technical Groups: John V. Barrow.

Committee on Health and Public Instruction: Doctor Geiger of San Francisco.

Committee on History and Obituaries: Dr. Hyman Miller of Los Angeles.

Committee on Hospitals, Dispensaries and Clinics: Dr. Benjamin W. Black of Oakland.

Committee on Industrial Practice: Dr. G. H. Sanderson of Stockton.

Committee on Medical Defense: Dr. Lewis T. Bullock of Los Angeles.

Committee on Medical Economics: Dr. Edward Choate Palette of Los Angeles.

Committee on Medical Education and Medical Institutions: Dr. F. H. Kruse of San Francisco.

Committee on Membership and Organization: Dr. A. J. Cooper of San Diego.

Committee on Postgraduate Activities: Dr. D. L. Wilbur.

Committee on Publications: Dr. G. W. Walker, and to fill the place of Doctor Cushman—Dr. A. A. Alexander of Oakland.

Committee on Public Policy and Legislation: Dr. E. T. Remmen.

Committee on Scientific Work: Dr. L. P. Adams of Oakland.

DOCTOR REINLE: Mr. Speaker, I move that the House approve the nominations.

DOCTOR GOIN: Doctor Reinle moves that the House approve the nominations of the Council. Do I hear a second?

DOCTOR KIGER: I second the motion.

DOCTOR GOIN: Seconded by Doctor Kiger. Is there any discussion?

No discussion—vote taken—motion carried and so ordered. Nominations accepted.

DOCTOR KRESS: Mr. Speaker! The President of the Association has named to the Cancer Commission, as new members: Dr. Charles A. Dukes of Oakland, Dr. Lyell C. Kinney of San Diego, Dr. Otto Pflueger of San Francisco. . . .

VOICE OF TELLER: Mr. Speaker! The Tellers announce the election of Doctor Dewey of Pasadena. (Applause.)

DOCTOR GOIN: Doctor Dewey having received the majority of the votes cast, is declared elected to the office of Councilor-at-Large.

COUNCILOR-AT-LARGE

DOCTOR GOIN: The next order of business is the election of a Councilor-at-Large, Dr. Frederick N. Scatena of Sacramento, incumbent. Doctor Woolsey!

DOCTOR WOOLSEY: Mr. Speaker! Members of the House of Delegates! It is with pleasure and confidence that I nominate Dr. Dewey Powell as Councilor-at-Large. (Applause.)

DOCTOR GOIN: Dr. Dewey Powell is nominated. Doctor Walker has the floor.

DOCTOR WALKER: Mr. Speaker and Delegates! It is with pleasure that I want to second the nomination of Dewey Powell. . . .

DOCTOR GOIN: Doctor Shephard!

DOCTOR SHEPHARD: On behalf of the delegates of Santa Clara County, I wish to second the nomination of Dewey Powell as Councilor-at-Large.

DOCTOR GOIN: Are there any further nominations? If there are none the Chair will declare the nominations closed. The nominations are closed. How will you vote?

DOCTOR DOUGHTY: Mr. Speaker, I move that the Secretary cast a unanimous ballot for Dewey Powell for Councilor-at-Large.

Vote taken—motion carried and so ordered.

DOCTOR KRESS: Mr. Speaker, the Secretary has so cast.
DOCTOR GOIN: Dr. Dewey Powell is declared elected to the office of Councilor-at-Large.

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

The next order of business is the election of delegates to the American Medical Association.

Dr. George Reinle of Oakland, term expiring. Doctor Alexander!

DOCTOR ALEXANDER: Mr. Speaker! Members of the House! You have often heard the expression, "many times a bridesmaid, but never a bride." That applies to the man whose name I wish to place in nomination. He has been many, many times an alternate from our Association to the American Medical Association, has always attended, has always worked hard and earnestly. It gives me great pleasure to put in nomination the name of Dr. Edward N. Ewer. (Applause.)

DOCTOR GOIN: Doctor Ewer is nominated. Are there any other nominations? Hearing none, the Chair declares the nominations closed. It has been moved by Doctor Cline and seconded by Doctor Voorsanger that the Secretary cast the ballot of the House.

Vote taken—motion carried and so ordered.

DOCTOR KRESS: Mr. Speaker, the Secretary has so cast.

DOCTOR GOIN: Doctor Ewer is declared elected to the office of delegate to the American Medical Association.

♦ ♦ ♦

The term of Dr. Edward M. Pallette of Los Angeles, term expiring. Doctor O'Neill!

DOCTOR O'NEILL: Mr. Speaker! It is giving me great pleasure to say just a word about a man who I believe possesses the unusual qualifications of being loved by all his competitors, as well as his patients. A man who has always had time, who was never too busy to stop and lend a younger man a word of counsel and advice, or if need be, to lend a helping hand. That type of man, to me, is truly great. It gives me great pleasure to put in nomination the name of Dr. Edward M. Pallette to succeed himself as a delegate to the American Medical Association. (Applause.)

DOCTOR GOIN: Doctor Pallette is nominated. Are there any other nominations? Hearing none, the Chair declares the nominations closed. How will you vote?

DOCTOR BAILEY: Mr. Speaker, I move that the Secretary cast the ballot. . . .

Vote taken—motion carried and so ordered.

DOCTOR KRESS: Mr. Speaker, the Secretary has so cast.

DOCTOR GOIN: Dr. Edward M. Pallette is elected to the office of delegate to the American Medical Association.

♦ ♦ ♦

Dr. Robert A. Peers of Colfax, term expiring. Doctor Howson!

DOCTOR HOWSON: For many years Doctor Peers has served this Society well. He is a former president. He is known and beloved by all of us. He knows his way around. It gives me great pleasure to place his name in nomination to succeed himself. (Applause.)

DOCTOR GOIN: Doctor Peers is nominated. Are there any other nominations? Hearing none, the Chair declares the nominations closed. How will you vote?

DOCTOR GOIN: It has been moved by Doctor Pallette and seconded by Doctor Kiger that the Secretary cast the ballot of the House.

Vote taken—motion carried and so ordered.

DOCTOR GOIN: Doctor Peers is declared elected to the office of delegate to the American Medical Association.

♦ ♦ ♦

The office now held by Dr. William R. Molony, Sr., of Los Angeles, term expiring. Doctor Crane!

DOCTOR CRANE: Mr. Speaker! Members! I am sorry I am not an orator, but the man that I wish to nominate needs

no introduction. I therefore wish to nominate Doctor Molony as delegate, succeeding himself, to the American Medical Association. (Applause.)

DOCTOR GOIN: Doctor Molony is nominated. Are there any further nominations? Hearing none, the Chair declares the nominations closed.

DOCTOR HOWSON: Mr. Speaker, I move that the Secretary cast the ballot. . . .

Vote taken—motion carried and so ordered.

DOCTOR KRESS: Mr. Speaker, the Secretary has so cast.

DOCTOR GOIN: Dr. William R. Molony, Sr., of Los Angeles is declared elected to the office of delegate to the American Medical Association.

ALTERNATES TO THE AMERICAN MEDICAL ASSOCIATION

The office of Alternates to the American Medical Association: Dr. Frank R. Makinson of Oakland, term expiring. Doctor Trimble!

DOCTOR TRIMBLE: Mr. Speaker! I don't think this man would make a very handsome bridesmaid, but I think he would make a very good alternate. He is ready and willing and able to attend a meeting and replace the delegate if he cannot attend. I nominate Frank Makinson, as Alternate, to succeed himself. (Applause.) . . .

Vote taken—motion carried and so ordered.

DOCTOR KRESS: Mr. Speaker, the Secretary has so cast.

DOCTOR GOIN: Dr. Frank R. Makinson of Oakland is declared elected alternate delegate to the American Medical Association.

♦ ♦ ♦

Alternate to Dr. Edward M. Pallette, incumbent, Dr. William H. Kiger of Los Angeles. Doctor Askey.

DOCTOR ASKEY: Mr. Chairman! Members of the House of Delegates! Doctor O'Neill almost spoke my own mind a minute ago. As a young man in Los Angeles, I met many men there who were a great help to me. Many of them I see sitting before me. It gives me great pleasure at this time to put in nomination the name of Dr. William Kiger to succeed himself as alternate to the American Medical Association. (Applause.)

DOCTOR GOIN: Doctor Kiger is nominated as alternate delegate to Dr. Pallette. Are there any further nominations? Hearing none, the Chair declares the nominations closed. How will you vote?

DOCTOR VOORSANGER: I move that the Secretary cast the ballot.

DOCTOR CLINE: I second the motion.

DOCTOR GOIN: It has been moved by Doctor Voorsanger and seconded by Doctor Cline that the Secretary cast the ballot of the House.

Vote taken—motion carried and so ordered.

DOCTOR KRESS: Mr. Speaker, the Secretary has so cast.

DOCTOR GOIN: Doctor Kiger is declared elected alternate delegate to the American Medical Association. (Applause.)

♦ ♦ ♦

The office of alternate to Dr. Robert A. Peers; Dr. F. F. Gundrum of Sacramento, incumbent. Doctor Empey!

DOCTOR EMPEY: Mr. Speaker! Members! The man whom I wish to nominate is well known to the people in the Eighth District. We have come to admire his counsel and to admire his unselfish devotion to the cause of organized medicine. I wish to place in nomination the name of Dr. Frederick N. Scatena. (Applause.)

DOCTOR GOIN: Doctor Scatena is nominated as alternate delegate. Are there any further nominations. There are no further nominations. The Chair declares the nominations closed. How will you vote?

Moved by Doctor Doughty and seconded by Doctor Empey that the Secretary cast the ballot of the House.

Vote taken—motion carried and so ordered.

DOCTOR KRESS: Mr. Speaker, the Secretary has so cast.

DOCTOR GOIN: Doctor Scatena is declared elected as alternate delegate to the American Medical Association.

An alternate to Dr. William R. Molony, Sr.; Dr. John C. Ruddock of Los Angeles, incumbent.

DOCTOR HAMMACK: Mr. Speaker! Members of the House of Delegates! I have a wish to place in nomination the name of Dr. John C. Ruddock to succeed himself as alternate to the American Medical Association.

DOCTOR GOIN: Dr. John Ruddock is nominated. (Applause.) Are there any further nominations? Hearing none, the Chair declares the nominations closed. How will you vote?

DOCTOR REINLE: I move that the Secretary cast the ballot.

DOCTOR AYRES: I second the motion.

DOCTOR GOIN: Moved by Doctor Reinle, seconded by Doctor Ayers, that the Secretary cast the ballot of the House for Doctor Ruddock.

Vote taken. Motion carried and so ordered.

DOCTOR GOIN: Dr. John C. Ruddock of Los Angeles is declared elected alternate delegate to Dr. William R. Molony, Sr.

* * *

Members of the House, I think that at this time we will recess. We will convene tonight in the Ballroom Auditorium, which is at the far end of the lobby floor. We will convene at eight o'clock. We really mean eight o'clock. We've got an awful lot of business before us tonight. I ask you to please be in your seats by eight o'clock.

The House will stand in recess—5:30 p. m.

RECESS

* * *

Evening Meeting, Wednesday, May 8, 1940, in the Auditorium, Hotel del Coronado

The evening session of the May 8 meeting of the House of Delegates was called to order at 8 p. m., Dr. L. S. Goin presiding.

DOCTOR GOIN: Butte County, Inyo-Mono County, San Benito County, Santa Cruz County and Shasta County, and Stanislaus County have no delegates seated. If there is any member present from one of those counties, who wishes to sit, he may do so by identifying himself with the Credentials Committee. I will repeat them, they are: Butte, Inyo-Mono, San Benito, Santa Cruz, Shasta, and Stanislaus counties.

We will not re-call the roll. If the chairman or manager of any delegation has vacancies to fill, he may fill them. These persons will be added to the roll call. Does any delegation wish to fill any vacancies?

The roll call of the House at four o'clock will constitute the roll call of the House.

(A number of vacancies filled.)

* * *

Report of Reference Committee No. 1

Committee on Reports of Officers and Standing Committees

DOCTOR GOIN: The first order of business will be the report of the Reference Committee No. 1 on the reports of officers and standing committees. The Chair recognizes Dr. Lyle Craig of Los Angeles County, the chairman of the Committee. Doctor Craig!

DOCTOR CRAIG: Mr. Speaker! Members of the House of Delegates! Realizing the tremendous amount of business to come before this session of the House of Delegates, this committee has endeavored to omit all unnecessary discussion and make this report as brief as possible. All these reports are in the "Pre-Convention Bulletin" and presumably have been read.

The Report of the President: We have studied this report and wish to commend Doctor Dukes for his long

years of service with California Medical Association, climaxed by this last year as president of the organization. We also wish to thank him for his time and effort so freely given and for the comprehensive knowledge he has shown of the many problems of the Association. We call the attention of the delegates to his recommendation that each component county society sponsor an active Woman's Auxiliary, which will be of tremendous value to the Association, particularly in its public relations. Most of the matters to which Doctor Dukes refers are covered in the reports of other committees and need no further comment.

We move the adoption of this report.

DOCTOR GOIN: The adoption of this section of the report is moved by the Chairman of the Committee, and seconded. Is there any discussion?

No discussion. Vote taken. Motion carried, and so ordered. President's report adopted.

DOCTOR CRAIG: **Report of the President-Elect:** This report comments particularly on the developments and problems of California Physicians' Service, which will receive your further attention later in this session.

We commend especially Doctor Wilson's plea for unanimity of action and move the adoption of this section of the report.

DOCTOR KIGER: Second the motion.

DOCTOR GOIN: It has been moved and seconded that this section of the report be adopted. Is there any discussion?

No discussion. Vote taken. Motion carried, and so ordered. Report of President-Elect is adopted.

DOCTOR CRAIG: **Reports of the Past President, Speaker, Vice-Speaker, and Chairman of the Council:** These reports, as published in the "Bulletin," are short and require no comment. We move their adoption.

DOCTOR VOORSANGER: I second the motion.

DOCTOR GOIN: You have heard the motion. Is there any discussion?

No discussion. Vote taken. Reports adopted.

DOCTOR CRAIG: **Report of the Trustees Of California Medical Association:** This report embraces only the certified, financial statement as it appears on page 49 of the "Pre-Convention Bulletin." It reveals the sum of \$50,251.67 due from the California Medical Association for moneys advanced to the organization, which is included in the surplus of \$90,579.96 shown in the statement, of which the balance is invested in cash and Government securities.

We move the adoption of this section of the report.

DOCTOR CLINE: I second the motion.

DOCTOR GOIN: It has been moved and seconded that this section of the report be adopted. Is there any discussion? This is the financial statement of the Trustees Of The California Medical Association.

No discussion. Vote taken. Motion carried. Report is adopted.

DOCTOR CRAIG: **Report of the Auditing Committee:** This committee has checked all of the income and the expenditures of the Association. They also submit the proposed budget for the calendar year of 1941, in the total sum of \$95,500, approximately \$4,000 less than was expended during the last calendar year. This budget has been approved by the Executive Committee and by the Council. While we realize that it may require further revision, in the event of any reorganization of the executive offices, we recommend its adoption and move the adoption of this section of the report.

DOCTOR KIGER: I second the motion.

DOCTOR GOIN: It has been moved and seconded that this section of the report be adopted. In adopting this section of the report, you are now approving the budget. Is there any discussion?

No discussion. Vote taken. Motion carried. Report adopted.

DOCTOR CRAIG: Report of the Legal Department: We have studied the report of Mr. Peart as presented in the "Bulletin," and supplementary remarks before the House of Delegates at the first session. We wish to commend him and his associates for their activities in behalf of the organization. We endorse his action in attempting to protect the organization from unfair and arbitrary taxation. We wish further to endorse most strongly the suggested handbook of medical jurisprudence, and recommend to the Council that, if necessary, funds to carry out this proposal be included in the next annual budget.

I move the adoption of this section of the report.

VOICE: I second the motion.

DOCTOR GOIN: It has been moved and seconded that this section of the report be adopted. Is there any discussion?

No discussion. Vote taken. Motion carried and report is adopted.

DOCTOR CRAIG: Report of the Committee on Associated Societies and Technical Groups;

Report of Committee on Health and Public Instruction;

Report of Committee on History and Obituaries;
Report of Committee on Hospitals, Dispensaries and Clinics, and Report of Committee on Industrial Practice.

These reports require little comment. Your Reference Committee feels that the Committee on Associated Societies and Technical Groups should be continued as an important agency of contact with other medical and associated organizations, with whom it is important to maintain cordial relations.

We feel that the title of the **Committee on Health and Public Instruction** is misleading, and suggest an amendment to the By-Laws changing the name of the Committee on Public Health and Preventive Medicine, in which capacity the Committee serves as a liaison between the society and the many different governmental health agencies.

We move the adoption of this section of the report.

DOCTOR POWELL: I second the motion.

Vote taken. Motion carried. Reports adopted.

DOCTOR CRAIG: Report of the Committee on Medical Defense: This report continues to call your attention to the benefits of membership in the Medical Society of the State of California, and to other problems in connection with the increasing number of malpractice suits in this state. It repeats former recommendations to the component county societies that they maintain active local committees on medical defense to cooperate in individual cases. We commend the Committee for its part in the recent publication of the brochure on medical defense.

We move the adoption of this section of the report.

DOCTOR WALKER: I second the motion.

DOCTOR POWELL: It has been moved and seconded that this portion of the report be adopted.

No discussion. Vote taken. Motion carried and so ordered. Report adopted.

DOCTOR CRAIG: Reports of the Committee on Medical Economics and the Committee on Medical Education and Medical Institutions: These reports are brief and require no comment.

I move the adoption of this section of the report.

VOICE: Second the motion.

DOCTOR POWELL: It has been moved and seconded that this portion of the report be adopted.

No discussion. Vote taken. Motion carried.

DOCTOR CRAIG: Report of the Committee on Membership and Organization: This report shows an addition of 553 members to the Society during 1939. Your Committee wishes to call your attention to that portion of the report in which the component county societies are urged to inform all eligible physicians as to the advantages of member-

ship and the members are reminded of the tremendous value of a strong, united alliance within the profession.

We move the adoption of this section of the report.

VOICE: Second the motion.

DOCTOR POWELL: It has been moved and seconded that this portion of the report be adopted.

No discussion. Vote taken. Motion carried.

DOCTOR CRAIG: Report of the Committee on Post-graduate Activities: The increasing popularity of the local postgraduate conferences is evidence of the value of this committee. The report emphasizes the first essential of a successful conference is an enthusiastic aggressive local chairman and committee. They further remind you that while the State Society has funds to assist financially with these conferences, such financial arrangements must be made in advance to avoid embarrassment. Your Reference Committee urges on the local groups that the facilities of this committee be utilized even more fully, and we congratulate the Committee on the number of such conferences held in the past year. This work should be further extended.

We move the adoption of this section of the report.

VOICE: Second the motion.

DOCTOR POWELL: It has been moved and seconded that this portion be adopted.

No discussion. Vote taken. Motion carried.

DOCTOR CRAIG: Report of the Committee on Publications: This report comments on the excellent quality of our State JOURNAL and requests the allocation of funds for a more intimate contact between the Editor and the members of the Committee. While the entire matter of the conduct of the OFFICIAL JOURNAL is exhaustively discussed elsewhere, and will be the subject of consideration in this meeting, it seems to your Reference Committee entirely consistent with sound practice to recommend to the Council that if the Committee on Publications is to share any responsibility for the JOURNAL, the Council should consider the advisability of providing funds for a limited number of conferences between the members of the Committee and the editorial staff.

We move the adoption of this section of the report.

VOICE: Second the motion.

DOCTOR POWELL: All in favor signify by saying "Aye." Vote taken. Motion carried and so ordered.

DOCTOR CRAIG: Report of the Committee on Public Policy and Legislation: This report concerns the activity of the Committee in combating adverse legislation during the past year. Your Reference Committee wishes to commend the Committee, especially the chairman, Dr. Junius R. Harris, for their efficient work, and to express the appreciation of the Society for their self-sacrificing generosity in time and effort.

We move the adoption of this section of the report.

VOICE: Second the motion.

DOCTOR POWELL: You have heard the motion.

No discussion. Vote taken. Motion carried and so ordered.

DOCTOR CRAIG: Report of the Committee on Scientific Work: The report concerns chiefly the arrangements for this annual session. The new schedule whereby general meetings are held in the mornings and section meetings in the afternoons, has been tried for the first time. Its popularity with the membership and the advisability of its continuance will be the subject of comment and critical analysis during the coming year. We wish to compliment the Committee on the quality of the work represented at this meeting, and to express our confidence in their judgment regarding future arrangements.

We move the adoption of this section of the report.

VOICE: Second the motion.

DOCTOR POWELL: All in favor say "Aye."

Vote taken. Motion carried and so ordered.

DOCTOR CRAIG: Report of the Committee on Public Relations: The report reviews the activities of the Committee since its inception. The Basic Science Law is discussed by the subject of a resolution introduced into the House of Delegates for open discussion. The brochure on medical defense, issued by this committee—issued at the request of the Committee on Medical Defense—has already been commented upon favorably. We again urge the careful study of this booklet. We wish also to commend the Committee for the distribution of the booklet entitled "On the Witness Stand," to combat compulsory health insurance. We suggest that the Editor of CALIFORNIA AND WESTERN MEDICINE emphasize to the membership the availability of additional copies of this publication, from the publishers, for distribution to patients and friends outside the profession. We further urge that the component county societies endeavor to see that the local papers in various parts of the state receive and publish press releases of the American Medical Association, furnished by this committee.

Your Reference Committee commends this committee for its activity and urges the Council to give it every support in the continuation of its work. We move the adoption of this section of the report.

VOICE: Second the motion.

DOCTOR POWELL: All in favor say "Aye."

Vote taken. Motion carried and so ordered.

DOCTOR CRAIG: Report of the Cancer Commission: The activities of this committee have been noted, and we urge the continuation of their coöperation with local groups. We compliment them upon their work and urge the support of the Council in the future Cancer Commission studies. We recommend the adoption of this section of the report.

VOICE: Second the motion.

DOCTOR POWELL: All in favor say "Aye."

Vote taken. Motion carried. So ordered.

DOCTOR CRAIG: Report of the Committee on Syphilis: This committee has coöperated with the program of the Bureau of Venereal Diseases of the State Department of Public Health. Great progress has been made in the organization and conduct of this campaign against syphilis. The Committee is to be commended for its share of the work. We move the adoption of this section of the report.

VOICE: Second the motion.

DOCTOR POWELL: All in favor say "Aye."

Vote taken. Motion carried. So ordered.

DOCTOR CRAIG: Reports of Special Committees assigned to this committee: The report of the **Committee on Life Membership:** The report of this committee is embraced in the proposed amendments to the By-Laws relative to life membership in the component county societies, and to the Constitution, establishing life memberships in the State Society. These are printed on page 44 of the "Pre-Convention Bulletin" and will be discussed in the report of the proper Reference Committee. We move that the Committee be given the thanks of the Society, that the report be accepted and the Committee discharged from further obligation.

We move the adoption of this portion of the report.

DOCTOR POWELL: All in favor say "Aye."

Vote taken. Motion carried. So ordered.

DOCTOR CRAIG: Report of the Committee on Needy Members: This report embraces a survey of the number of needy physicians and dependents throughout the state. The survey rendered is somewhat incomplete due to failure of coöperation of some of the local societies. The recommendation of the Committee is comprised in a proposed amendment to the By-Laws, printed on page 44 of the "Bulletin," which is being considered by the proper Reference Committee. Pending the establishment of any state fund, the recommendation of the Committee that the local

societies provide as far as possible for the needy seems to your Reference Committee, in spite of the inequality of distribution, the only feasible method of handling the situation. We also concur in the recommendation that our delegates to the American Medical Association be instructed to introduce a resolution providing for a committee to investigate the feasibility of the establishment of a national fund for a needy member. We advise that the Committee be retained for the completion, so far as possible, of its survey; and move the adoption of this section of the report.

VOICE: Second the motion.

DOCTOR POWELL: All in favor say "Aye."

Vote taken. Motion carried. So ordered.

DOCTOR CRAIG: Report of the Committee on Governmental Medical Employees: This report will show a considerable amount of work on the part of the Committee in making a survey of the pay schedule in many institutions operated by various governmental agencies. It shows very clearly that the only medical employees, even reasonably well paid, are those in the higher executive positions and that the general run of medical employees are underpaid and overloaded with a case load too high for adequate, good medical practice. Every member of the House of Delegates will agree with this conclusion. This committee itself recommends that if its work be continued, provision will have to be made for much more detailed and extensive study, involving questionnaires, personal visitation of institutions and the employment of a statistician. Your Reference Committee feels that in view of the many financial drains upon the resources of the Association, that unless the Council contemplates some definite, feasible action, such further study might well be deferred. We, therefore, recommend that the report as given be accepted and filed; that the Committee be given the thanks of the Association and that it be discharged from further duty.

I move the adoption of this section of the report.

VOICE: Second the motion.

DOCTOR POWELL: All in favor say "Aye."

Vote taken. Motion carried. So ordered.

* * *

DOCTOR CRAIG: The Reference Committee on the Reports of Officers and Standing Committees, together with the reports of the special committees assigned to it by the Speaker, moves the adoption of this report as a whole.

DOCTOR POWELL: Is there a second to that motion?

DOCTOR KIGER: I second the motion.

DOCTOR POWELL: It has been moved and seconded that the report as a whole be adopted.

Vote taken. Motion carried. Report as a whole is accepted.

DOCTOR GOIN: (Has again taken the chair.) On behalf of the House of Delegates, Doctor Craig and your Committee, we thank you very much for this report.

* * *

Report of Reference Committee No. 2

Committee on Reports of the Council and the Secretary-Treasurer

The next order of business is reception of the report of Reference Committee No. 2 on the reports of the Council and the Secretary-Treasurer. Doctor Henderson, Chairman. Doctor Henderson!

DOCTOR HENDERSON: Mr. Speaker; Members of the House! Reference Committee No. 2, reporting on the reports of the Council and the Secretary-Treasurer.

We recommend that the report of the Council as printed in the "Pre-Convention Bulletin" be accepted and their actions ratified to date. I move the adoption of this section of the report.

VOICE: Second the motion.

DOCTOR GOIN: It has been moved and seconded that this section of the report be adopted. Is there any discussion?

No discussion. Vote carried. Section is adopted.

DOCTOR HENDERSON: The following suggestions are submitted for your consideration:

1. Concerning the report of the **Special Committee on the Survey of the Association Offices**, which became a part of the Council report, believing that unnecessary complications and confusion would result from any sudden and sweeping changes in Association offices, and realizing that such changes would be mandatory if the Committee report were adopted, we believe that the interests of the Association will be best served if the Committee report be referred to the Council with power to act.

I move the adoption of this section of the report.

DOCTOR REINLE: I second the motion.

DOCTOR GOIN: Is there any discussion?

No discussion. Motion carried. Section is adopted.

DOCTOR HENDERSON: (2) **Annual Dues**: Feeling that the proposed increase of the annual dues to \$20 would create unnecessary hardship for members in certain sections, the Committee recommends that the annual dues be increased to \$15, and that further funds be made available by releasing the moneys now held by the Committee on Public Health Education, thus making them available for general use. The continued work of the Committee on Public Education to be financed at the discretion of the Council.

I move the adoption of this section of the report.

DOCTOR CLINE: If we approve this section of the report, does that approve the \$15? May I then speak to the House?

DOCTOR GOIN: I think that the motion is out of order, Doctor Cline, because the House of Delegates created the Committee on Health Education and assigned it funds allocated by assessment, and directed that the Committee continue until the House discharged it. I don't believe that this section of the report as presented is in order.

DOCTOR REINLE: I move that this section of the report be deleted from the Committee's report.

DOCTOR GOIN: The motion by Doctor Reinle is to amend the Committee's report by deletion of this section or their suggestion No. 2. Is there a second?

DOCTOR PALLETTE: I second the motion.

DOCTOR GOIN: Seconded by Doctor Pallette. Is there any discussion?

DOCTOR HENDERSON: How would the amended recommendation read then?

DOCTOR GOIN: It would simply have that section missing from it.

DOCTOR HENDERSON: Would it then read, "Feeling that the proposed increase of the annual dues to \$20 would create unnecessary hardship for members in certain sections, the Committee recommends that the annual dues be increased to \$15."

DOCTOR GOIN: The motion, I take it, is to delete the remaining portion of that section of the report. Is that right, Doctor Reinle?

The motion now pending before the House is on the amendment of this section of the Committee's report by deleting the remaining portion of the section.

No further discussion. Vote taken. Motion to amend the report is carried.

DOCTOR GOIN: The report is now open for adoption as amended.

DOCTOR HENDERSON: I move the adoption as amended.

DOCTOR GOIN: Doctor Henderson moves the adoption of the amended section of the report. Doctor Pallette seconds. Is there any further discussion?

No further discussion. Vote taken. The report is adopted as amended.

DOCTOR HENDERSON: (3) **Basic Science, Initiative**: A resolution regarding the subject of a basic science initia-

tive will come before this body. This committee simply calls your attention to the fact that \$60,000 for financing the project is not available at the present time.

The additional report of the Council submitted by Doctor Wilson, regarding the departmentalization of the Council, realizing that the Council has the power to appoint committees and subcommittees and to organize itself in any way that promotes efficiency, we commend this part of the report as a constructive step.

The Committee recommends that the Treasurer's report be accepted, without comment, and I so move.

DOCTOR GOIN: Is there a second?

DOCTOR ALEXANDER: I second the motion.

DOCTOR GOIN: It has been moved and seconded that this section of the report be adopted. Is there any discussion?

No discussion. Vote taken. Motion carried and section of the report is adopted.

DOCTOR HENDERSON: We suggest your consideration that the fiscal year be changed from January 1 to January 1, and run from July 1 to July 1. The Committee believes this will simplify the Treasurer's work and especially simplify the making up of the annual budget, inasmuch as the end of the fiscal year would more nearly coincide with the time of the annual meeting. I move the adoption of this section of the report.

DOCTOR TOOMEY: I second the motion.

DOCTOR GOIN: Is there any discussion?

No discussion. Vote is taken. The noes have it; motion lost. This section of report is deleted.

DOCTOR HENDERSON: The report of the Secretary is accepted without comment. I move the adoption of this section.

DOCTOR PALLETTE: Second the motion.

DOCTOR GOIN: Is there any discussion on this section of the report?

No discussion. Vote taken. Motion carried and adopted.

DOCTOR HENDERSON: **The Report of the Secretary-Treasurer of the California Physicians' Service** has been read and we recommend its approval, and I so move.

DOCTOR NOBLE: I second the motion.

DOCTOR GOIN: It has been moved and seconded that this section of the report be adopted. Is there any discussion?

No discussion. Vote taken. Motion carried and adopted.

* * *

DOCTOR HENDERSON: Mr. Speaker, I move the adoption of the report as amended, as a whole.

DOCTOR PALLETTE: Second the motion.

DOCTOR GOIN: The motion is on the adoption of the report, as a whole, as amended. Is there any discussion?

No discussion. Vote taken. Motion carried and the report is adopted.

* * *

Report of Reference Committee No. 3

Committee on Amendments to the Constitution and By-Laws, Resolutions, New and Miscellaneous Business

DOCTOR GOIN: The next order of business is the reception of the report of Reference Committee No. 3, on Amendments to the Constitution and By-Laws, Resolutions, New and Miscellaneous Business. Dr. Loren Chandler, Chairman. Dr. Chandler!

DOCTOR CHANDLER: Mr. Speaker! Members of the House! I haven't had a chance to rehearse this quite as well as the two previous chairmen. Since mimeographing the report late this afternoon and distributing the mimeographed report to you, the Committee has made a few minor changes to which I will call your attention as we proceed.

Your Reference Committee No. 3, on Resolutions and New Business, has given considerable consideration to the Committee reports and resolutions referred to it. In some instances we have consulted delegates and members of the Association interested in these resolutions. Inasmuch as several resolutions at times deal with the same subject, we have found that they fall into three groups: first, the report of the Committee on the Survey of Association Offices, and the resolutions and amendments to the By-Laws pertaining thereto; second, the report of the Committee on Public Health Education and the resolutions dealing thereto; and third, resolutions dealing with miscellaneous subjects.

Your Committee submits the following report:

First, we commend the Committee on Survey of Association Offices for its thorough and comprehensive report. I move the adoption of this section of the report.

DOCTOR BAILEY: Second the motion.

DOCTOR GOIN: Seconded by Doctor Bailey. Is there any discussion?

No discussion. Vote taken. Motion carried. This section of report is adopted.

DOCTOR CHANDLER: I am speaking now to the subject of the report of the Survey Committee. In considering this entire subject, your Reference Committee has given careful attention to the report of the Committee as submitted to the Council and published in the "Pre-Convention Bulletin," the resolution adopted by the House of Delegates in May, 1939, known as Resolution No. 1, authorizing the study and the report of the Association offices, and that part of the report of the Council at its meeting on March 10, 1940, and at its meeting on May 6, 1940, which deals with the report of the Committee on the Survey of the Association Offices.

Your Committee appreciates the idealistic desire of each and every member of the California Medical Association to maintain a society of the highest standards and efficiency to influence public opinion toward the medical profession, to direct legislation promoting public health and sanitation, and to improve the economic status of the individual practitioners of medicine.

These motives have been responsible in a large part for the creation in the past of numerous standing and special committees within the Society, with special duties and at times special allocations of funds.

These special duties and special money allocations have been either adjuncts or duplications of the duties of standing committees or of regularly constituted groups in the Association.

Inasmuch as six **Resolutions, No. 1,* No. 6,* No. 8,* No. 13,* No. 17,* and No. 27,*** and the **Report of the Committee on Survey of Association Offices**, deal with the reorganization of the Association offices, a substitute resolution is offered by the Committee.

Now there follow the original resolutions, No. 1, No. 6, No. 8, No. 13, No. 17 and No. 27, which by action of the House before the recess, I will not read. They are before you and we will consider that they have been read.

Your Committee offers the following substitute resolution:

SUBSTITUTE RESOLUTION

WHEREAS, It has become apparent that a reorganization of the affairs of the California Medical Association is desirable; be it

* For text of Resolution No. 1, see page 265.

For text of Resolution No. 6, see page 267.

For text of Resolution No. 8, see page 268.

For text of Resolution No. 13, see page 269.

For text of Resolution No. 17, see page 270.

For text of Resolution No. 27, see page 272.

For text of Report on Survey of Association Offices, see page 263.

Resolved, That, bearing in mind particularly the recommendations of the Committee on Survey of the Association Offices, appointed in 1939, the Council is hereby instructed to proceed at the first meeting of the Council after adjournment of this meeting of the House of Delegates, with a reorganization to deal with matters of finance, office management, the conduct of the JOURNAL, the Department of Public Relations, and such other matters as are necessary to effect a more efficient management of the affairs of the California Medical Association.

Mr. Speaker, I move the adoption of this section of the report.

DOCTOR VOORSANGER: I'll second that.

UNIDENTIFIED VOICE: Mr. Speaker! A point of order. Can a Committee on By-Laws introduce a resolution of this kind?

DOCTOR GOIN: This is not the Committee on the By-Laws. This is a Committee on Amendments to the Constitution and By-Laws and New and Miscellaneous Business. In that capacity they have the right to abandon by substitution, which I take it is what the Committee is doing. I will rule that the substitute resolution is entirely in order.

DOCTOR CHANDLER: May I explain that a little further? Each one of these resolutions deals in some manner with a proposed reorganization; either for or against or pertaining to some particular part of the office and the Association's activities that are covered in the report and its recommendations. It was the thought of the Reference Committee that all of this should be left to the Council, as to detail. There must be information of which most of us are not aware, overlapping, duplications, reduplications, that could not possibly be ironed out and ordered at this time, on such short notice, by action of the House of Delegates. That was the thought in the minds of the Reference Committee, and a substitute resolution is offered in lieu of those six resolutions dealing with this subject.

DOCTOR GOIN: The question is on the adoption of this section of the report, and the substitute resolution offered by the Committee. Is there any discussion?

No discussion. Vote taken. Motion carried. The section of report with substitute resolution adopted.

DOCTOR CHANDLER: The next series of resolutions deal with duties of various officers of the Association, and we have considered them all together.

Resolution No. 3,* Resolution No. 4,* and Resolution No. 5,* deal entirely with the subject of specifying the duties of an executive or field secretary, if and when hired. These resolutions amend Section 8, Chapter IV of the By-Laws, and details the duties under Section 3, Chapter VI of the By-Laws. Therefore, your Reference Committee proposes a substitute amendment to the By-Laws, which takes care of the intent of these three resolutions and permits and enables the Council of the California Medical Association to make such a reorganization program as it may see fit in conformance with the report of the Committee on Survey of the Association Offices.

We recommend that Chapter VI, Section 3 of the By-Laws be amended as follows: A change in title of Section 3, to read:

COMMITTEE'S AMENDMENTS

SECTION 3.—*Duties of the Secretary-Treasurer, Executive Secretary and Field Representatives*

And, by adding before paragraph (a) the following:

The duties of the Executive Secretary and Field Representatives may be such as are delegated to them by the Council of the California Medical Association, and may be any and all duties as are specified under the various provisions of this section.

No other part of that section of the By-Laws is changed.

Mr. Speaker, I move the adoption of this section of the report.

DOCTOR PEERS: I second that.

* For text of Resolution No. 3, see page 266.

For text of Resolution No. 4, see page 267.

For text of Resolution No. 5, see page 267.

DOCTOR GOIN: It has been moved and seconded that this section of the report be adopted. Is there any discussion?

No discussion. Vote taken. Motion carried. This section is adopted.

* * *

DOCTOR CHANDLER: **Resolution No. 2*** is the next one considered. I will not read it in its entirety in that it is printed for you. It is two pages long.

The intent of this resolution apparently is to provide a comprehensive hospital subsidization for any patient who chooses to go to a private hospital. This has worked successfully on a small scale in Palo Alto and has had the effect of markedly reducing county hospital occupancy and increasing private hospitalization and private practice. The expense to the state for providing the subsidy is considerable, but the saving in county hospital expenditures would to a certain extent mitigate this.

In the event that this resolution is adopted, your Committee recommends that the Council instruct the California delegates to the American Medical Association to publicize this action.

Your Committee recommends the following substitute resolution. If you will turn the page you will find a substitute resolution which has been changed only in one part, and that is the last page:

COMMITTEE'S SUBSTITUTE

Now Therefore Be It Resolved by the House of Delegates of the California Medical Association, at its annual meeting held in Coronado, California, this sixth day of May, 1940, that the Council of the California Medical Association be and is hereby instructed to prepare, introduce and actively support at the next session of the California Legislature appropriate measures providing for the basic hospitalization cost for all citizens of California.

Mr. Speaker, I move the adoption of this section of the report.

DOCTOR SHEPHARD: I second that.

DOCTOR GOIN: Is there any discussion? Dr. Cline!

DOCTOR CLINE: Mr. Chairman! When one considers advocating a procedure which is as radical a departure from the generally accepted scheme of hospitalization and medical care, it behooves us to consider it very carefully. . . .

I think we wish to consider this portion of the report very carefully before we take action on it. (Applause.)

DOCTOR GOIN: Is there any further discussion? Doctor Shephard.

DOCTOR SHEPHARD: As a member of the Santa Clara County delegation that submitted this resolution—and you might say that it is our "baby"—I feel that it is perfectly proper and just that we should be able to defend our idea.

Before I answer Doctor Cline's specific questions there are a few things which I would like to call to your attention, and in doing so I may have to go somewhat back into history. . . .

DOCTOR GOIN: Doctor Palette!

DOCTOR PALLETTE: Doctor Shephard has made a very fine, eloquent presentation of this question, but the more I think of it, it seems to me but one thing, and that is compulsory hospital insurance; which would be a long step toward compulsory health insurance. Were this adopted, put into action, it would be a very short step toward politicalized medicine. (Applause.)

DOCTOR GOIN: Doctor Lee!

DOCTOR LEE: I think alone of the members of the House of Delegates. I have had a chance to practice medicine under such a system as this is in operation. Perhaps I can speak with somewhat more authority.

There may be objections to this plan, and I can see some myself, but they are not the objections that Doctor Cline

and Doctor Palette point out. Quite the contrary. The effect of this plan in actual operation is to increase the private practice of medicine at the expense of the public practice of medicine. In Palo Alto, where this plan has been in operation for a number of years, the number of patients that we sent to the county hospital has been reduced 60 per cent. . . .

Our experience at Palo Alto has been small, to be sure, but still it is quite extensive. It is over a long period of time and forms a good example.

I should like to see this tried, not on a national scale as was suggested in the resolution, but in one state as an experimental, laboratory method for solving this matter of hospital care. . . .

DOCTOR GOIN: Doctor Kneeshaw!

DOCTOR KNEESHAW: Last year we had the opportunity of talking before the Farm Bureau—some of the representative farm bureaus. The farmers of this state are one of the classes that have to pay for their hospitalization. Most of them go to the county hospitals, and they have a hard time getting into the hospitals because they have some property. . . .

DOCTOR GOIN: Is there any further discussion? Doctor Shephard!

DOCTOR SHEPHARD: There was one thing that I wished to mention that I forgot to. That is this: Probably most of you are aware of the action of the Wagner Committee for Hospitalization. You also are probably aware that there has recently been introduced a new bill, known as the Wagner-George Lea Bill, which proposed to build some fifty small hospitals throughout the United States, in communities that could support hospitals; but the title to those hospitals was to remain in the Federal Government.

Senator Taft, a member of that Senate committee investigating that, has recently introduced what has been called an amendment but which in reality is a substitute for the Wagner-George Lee Bill. In that he proposes that they give various amounts of money, ranging from 40 to 90 per cent to communities that need to build a hospital, and to subsidize those hospitals at the rate of \$300 a bed for the first year and decrease it 20 per cent for each year up to five years, when it is turned over to the political subdivision wherein the hospital has been built.

Now, that gives us an idea of the trend of thinking in Washington. . . .

DOCTOR GOIN: Is there any further discussion? Doctor Howson!

DOCTOR HOWSON: Mr. Speaker, Members of the House! There is much that is appealing in the resolution offered from Santa Clara County, but it seems to me that there is much that is dangerous. . . .

The experience in Palo Alto is suggestive, but Palo Alto is a small community. Conditions perhaps may be described as ideal for an experiment of this kind. . . .

I should like, therefore, to move an amendment that this matter be referred to the Council, with instructions that they study it and report back to this House of Delegates at our next annual meeting. (Applause.)

DOCTOR RAPAPORT: Second the motion.

DOCTOR GOIN: The question is on the amendment to this section of the report. Are you ready for the question?

Question called for. Vote taken. Carried. This section of the report is committed to the Council. Doctor Chandler!

* * *

DOCTOR CHANDLER: **Resolution No. 7,*** introduced by Doctor Ayres of Los Angeles, dealing with medical care through California Physicians' Service for persons receiving public assistance, is printed in detail in the copy you

* For text of Resolution No. 2, see page 265.

* For text of Resolution No. 7, see page 267.

have. The first page of "Whereas" I will not read, but on the second page:

Resolved, That the California Medical Association approves the general plan for the undertaking of medical care of persons receiving public assistance by and through California Physicians' Service, and hereby requests California Physicians' Service to do everything in its power to further said plan on behalf of the people of the State of California; and be it further

Resolved, That in the event funds are necessary for the furtherance of said plan, the Council of this Association is hereby requested to give such financial aid as may appear to it to be proper.

Your Committee recommends that this resolution do pass. I move its adoption, Mr. Speaker.

DOCTOR BAILEY: I second the motion.

DOCTOR GOIN: Is there any discussion? Doctor Ayres!

DOCTOR AYRES: Mr. Chairman! Members of the House! As the maker of this resolution, I want to record this document which explains a little more in detail the method of operation, and with your permission I will just read these several pages, which I think will clarify the proposal.

Proposed plan for medical care for public assistance groups: The articles of incorporation of California Physicians' Service provide that the organization may enter into agreements, with governmental parties for the medical care of persons for whom such governmental parties accept responsibility for support. In compliance with the request of the Council of the California Medical Association, a committee was appointed by President Wilbur, to investigate the possibilities of coöperation with public agencies.

This committee has carried on discussions with governmental representatives, looking toward the development of a plan whereby the medical profession could more satisfactorily participate in the administration of medical care to public assistance groups.

The proposal is best illustrated by comparison with the present operations. It will be remembered that the plan of medical care now administered by the State Relief Administration was begun with the support of the California Medical Association. It is the belief of the Committee that continued participation in the work of the Advisory Committees might have prevented the injection of more and more lay control and direction. (I will explain these charts in just a moment.) This is best indicated by the fact that at the present time the medical functions and the agency administering unemployment relief in California are subject to approval of the administrative set-up of the Relief Administration. This administrative organization is of necessity subdivided into divisions in which the medical bureau is one, and such medical functions as are carried on by the state are only indirectly supervised by medical personnel.

That is illustrated in the present set-up here, in which, as you will see, the medical bureau sticks out as an appendage to the Social Service Director.

The present plan, administered by nonmedical persons, total appropriation for relief—there is no specified sum for medical care, therefore it is subject to considerable fluctuation, operates through the Relief Commission, through the Relief Administrator, through the Social Service Director, and through that the Medical Bureau. And then the County Director, the social service case worker, the medical social worker, and finally it trickles down to the person on relief.

Now, the proposed plan, which would be administered by medical persons, through the California Physicians' Service, there would be an appropriation set aside by the Legislature for medical care exclusively, and that would then operate through the Board of Trustees of California Physicians' Service, in coöperation with the Relief Commission, and finally down through the Medical Director of

California Physicians' Service, deputy medical directors, the professional members in coöperation with the social workers and not under the medical social workers, and finally the person on relief. That is the essential set-up.

It is proposed that authorization be granted by the Legislature for contracts with a representative body of the medical profession, such as California Physicians' Service, to provide medical care for persons receiving public assistance. This will result in a closer correlation of available funds and the medical profession in serving the medical needs of the public assistance group.

The medical care extended to this group in 1939 was limited almost exclusively to technical nonresidents. That is, those persons not eligible to county facilities; for the care of acute and emergency needs in the home, and a small percentage of ambulatory care. The program has essentially provided services not available through county and other agencies.

I might say that this is not really adequate medical care.

The funds expended in 1939 totaled \$830,000, divided into 45 per cent for professional services of physicians; 21 per cent for dental care; 6 per cent for appliances; 5 per cent for routine physical examinations; and 23 per cent for administration; including overhead, medical social work, and clerical work.

It is estimated that to provide a minimum of general medical service, excluding hospitalization, for both the resident and technical nonresident group, which would include an estimated 360,000 persons, would cost approximately less than three cents per day per person on relief. The actual amount of money that becomes available will necessarily control the extent to which medical care can be provided under the plan, of course; and that, of course, depends on the Legislature.

To meet the needs peculiar to local situations, California Physicians' Service would consult with the county medical societies as to the best methods of meeting administrative problems. There are various possibilities. In one community there could be a complete clinic set-up, in another a combination of clinic and panel system, and in a third a panel plan alone. Where clinics are utilized, it is proposed that physicians would be compensated by California Physicians' Service for such part-time work. Before undertaking operation of such a program it is intended that communications be sent to all professional members of California Physicians' Service, asking for information as to whether or not the individual doctor wishes to serve on the panel for the public assistance program. Relief recipients will go only to the offices of doctors signifying their desire to participate. In other words, those who are professional members and who don't care to participate in this particular part of the program need not do so. They may specify.

It should be understood that the program proposed herein will in no way affect the operation of California Physicians' Service as it is now being operated. It is intended that expenses of the public assistance plan will be met from funds made available from public sources. There will be a separate fee schedule and independent computation of unit value for the two plans. It is possible that a small sum may be required for some preliminary work, but this will not be taken from the funds of the present California Physicians' Service activity.

To summarize, the following points should be stressed:

The group under discussion represents the most serious public-health hazard in the community. Providing somewhat adequate medical care for this group should result in a material reduction in the incidents and conditions such as diphtheria, smallpox, tuberculosis, and others related to lack of proper care. It is, therefore, of the utmost importance that funds be made available to provide adequate medical care for persons in this group.

It is essential to public welfare that any program for medical care of any group of people be administered by the medical profession itself. It is of paramount importance that funds be provided from some source in order to forestall the possibility of an additional burden being placed upon the physicians already rendering extensive service in their own communities, without compensation therefor.

The California Medical Association has developed through California Physicians' Service an administrative technique capable of handling the many complicated ramifications related to the demand of the public for adequate medical services. This has been a major concern of federal and state governments. The medical profession has expressed its desire to help meet this need. The utilization of California Physicians' Service for this purpose is essential if the development of medical services to the public is to follow the pattern of the traditional development of medicine in the United States, and is to conform with the governmental structure and principles of this nation.

I would just like to call attention to one or two points that illustrate in this other chart. In this chart is a contrast between the present plan and the proposed plan. Under the present plan, administered by nonmedical persons, services were rendered to acute and emergency needs in homes, for technical nonresidents, at a cost of about \$5.92 per month per patient. Under the proposed plan, which would be administered by medical persons, services will include acute needs in the home, all ambulatory and rehabilitative needs, of both residents and technical nonresidents which could be done at a cost of approximately \$4.27 per patient, per month; in contrast with the \$5.92 under the other setup.

Now, of course, again it depends on how much the Legislature is going to appropriate for this purpose. The figures on the right-hand side of the chart illustrate the units of service under the present plan and those on the other side represent multiples of those units, which it would be possible to give—the additional service it would be possible to give—for a cost of approximately less than three cents per day, per person on relief, if the thing were handled through a complete medical setup. There would be that many more persons served. There would be that many more ambulatory visits, and home visits, and nursing service and so on; and the total expenditure, of course, would be greater, to produce an ideal service, but we will do the best we can, and if the Legislature sees fit not to provide what we consider a minimum amount for adequate service—which I say again will figure approximately three cents per day, per person—we will of necessity have to cut our cloth according to the appropriation allowed; but we do feel that under any circumstance the service rendered will be of a higher quality, in view of the fact that it will be under complete medical supervision.

I hope you will see fit to approve this plan.

DOCTOR GOIN: The question is on the adoption of this section of the committee's report. Are you ready for the question?

Question called for. Vote taken. Carried and adopted.

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DOCTOR CHANDLER: **Resolution No. 9,*** introduced by Doctor Lee, dealing with medical care of students in colleges, is printed for your information.

Your Committee is in favor of the principle of enlarging the scope of the activities of California Physicians' Service, but for the sake of clarity recommends the following amended resolution:

COMMITTEE'S AMENDMENTS

WHEREAS, It is desirable that adequate student health services be provided for colleges and junior colleges; and

* For text of Resolution No. 9, see page 268.

WHEREAS, There is a tendency for these services to be provided by salaried medical staffs when they could be better provided by the facilities of the California Physicians' Service; be it

Resolved, That the House of Delegates approves the negotiation of contracts between the California Physicians' Service and schools for the furnishing of medical care, provided that the approval of the County Medical Society in the County in which the school is located, is first obtained.

Mr. Speaker, I move the adoption of this resolution.

DOCTOR PALLETTE: Second the motion.

DOCTOR GOIN: Is there any discussion? The question is on the adoption of this section of the committee report. Doctor Kilgore!

DOCTOR KILGORE: Mr. Speaker! For the Trustees of California Physicians' Service, we appreciate very much the consideration of the House, of this problem, among two or three others to be presented later this evening. California Physicians' Service has been already approached by the authorities of one or more of the colleges in the State, and suggestions from others have come, that service to students might be furnished through the facilities of California Physicians' Service.

The immediate problem that faced California Physicians' Service, in considering this matter, is the difficulty involved in the matter of incomes of families from which these students come, in the case of at least a fair proportion of the students involved. Whether the medical profession of California, as represented in California Physicians' Service, would be willing to undertake the care of student bodies irrespective of the income of the families from which they come. There are, as pointed out in the resolution, several considerations involved.

As you know, in at least some of the student body medical services now in effect in this country, medical service is furnished, at least during the school year, to all members of the student body, on a compulsory basis, entirely irrespective of the income of the families from whom they come; and so the medical service is in effect taken away from the physicians in that community.

There are several possibilities. Just what arrangements could be effected, satisfactorily with college authorities, no one can know until it has been tried. It was our thought that no such arrangement should be entered into without the approval of the County Medical Society concerned, in the locality where the institution is.

There is also this consideration, however, that under California Physicians' setup, as it stands now, any beneficiary member is entitled to his free choice of physician anywhere in the State, and one, perhaps, of the most serious problems that we shall have to face, is whether we should or could, under a contract with the student body, limit medical service to the members of the County Medical Society, which had approved of such contract.

We are anxious for your statement of opinion about this, what the profession wants done, and I make this little explanation of the problems involved, in order to have them clear in your minds.

DOCTOR GOIN: The question is on the adoption of this section of the committee report. Are you ready for the question?

Question called for. Vote taken. Motion carried and section adopted.

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DOCTOR CHANDLER: **Report of the Committee on Public Health Education.*** This special committee, created by resolution at the 1939 House of Delegates, has functioned actively during the year and submitted a report of its activities, which is published in the "Pre-Convention Bulletin."

Your committee feels that there should be consideration of the Committee on Public Health Education because of

* For text of Report of the Committee on Public Health Education, see "Pre-Convention Bulletin," on page 72.

the important relationship to the organization matters as presented in our Resolution No. 1, the matter of the continuance of this committee should be considered in the light of its relation to the general reorganization plan which the Council is to undertake, and that the question of its continuance should be left up to the Council when they consider the whole general matter of reorganization.

We recommend that this committee be highly commended for its activities for the year, particularly noting that it achieved the unique distinction of reaching the end of the year with an unexpended surplus of \$27,873.79.

In view of the important relation between the Committee on Public Health Education and the general plan, we feel that the committee should not be discharged by action of the House of Delegates, because by so doing it might seriously cripple the whole reorganization plan.

Mr. Speaker, I move the adoption of this portion of the report.

DOCTOR CLINE: Second the motion.

DOCTOR GOIN: Doctor Chandler, what do you propose to do about this motion. Don't you mean to include your substitute resolution, or will you—

DOCTOR CHANDLER: I had it in mind to follow that. If you wish to put this all under one action, I will be quite willing, of course, to go on and consider Resolution No. 10, which also deals with this subject and make that part of one action. Would that be preferable?

DOCTOR GOIN: Not if you wish it the other way. The question is on the adoption of this section of the committee report.

DOCTOR CHANDLER: It is immaterial, I think, so far as the intent and action of the House is concerned, whether the report of the committee is acted upon separately, or whether the report of the committee and Resolution No. 10, which deals with the same subject, are acted upon jointly.

DOCTOR GOIN: We may as well consider it separately. Is there any discussion?

No discussion. Vote taken. Motion carried and section of committee report adopted.

DOCTOR CHANDLER: In the consideration of **Resolution No. 10**,* it should be pointed out that if this committee is discharged, the unexpended surplus of \$27,873.79 must be returned to those paying the assessment. This would seriously frustrate the purposes for which this committee was created, as well as entailing difficult and expensive clerical work. In view of the important relationship of this committee's work with the reorganization, we feel that the committee should not be discharged, but that its activities should be directed by the Council in the light of their general reorganization plan, and for this reason we substitute a resolution.

The original resolution, then follows, introduced by Doctor Askey of Los Angeles; and the substitute motion which we now propose follows that. The substitute motion reads:

COMMITTEE'S SUBSTITUTE

Therefore Be It Resolved, That the Committee on Public Health Education be continued and its activities directed by the Council in accordance with the general plan of reorganization, calling attention of the Council to the purposes and the duplication of activities between this committee and other committees and departments.

Your committee recommends the adoption of this substitute resolution, and I so move.

DOCTOR KIGER: I second the motion.

DOCTOR GOIN: Is there any discussion?

No discussion. Vote taken. Motion carried. Substitute resolution No. 10 is adopted.

DOCTOR CHANDLER: **Resolution No. 16**,* introduced by Doctor Wiley, dealing with the Public Health League of California. I will only read the last portion of it.

* For text of Resolution No. 10, see page 268.
For text of Resolution No. 16, see page 269.

Be It Resolved by the House of Delegates of the California Medical Association, that in the interests of economy and effective results, this Association shall discontinue its efforts through special and standing committees to handle public relations, publicity and public education programs and shall make use of the existing facilities and experience of the Public Health League of California for such purposes, and to this end, be it further

Resolved, That every member of the California Medical Association be urged to immediately become a member of the Public Health League of California and continue active support of that organization.

In view of the Reference Committee's recommendations on the report of the Committee on Public Health Education, and on Resolution No. 10, the matter with which Resolution No. 16 concerns itself is already dealt with adequately and your Reference Committee recommends that this resolution *do not* pass.

I move the adoption of this section of the report.

DOCTOR ANDERSON: I second the motion.

DOCTOR GOIN: Is there any discussion?

No discussion. Vote taken. Motion carried. Section of report adopted.

DOCTOR CHANDLER: **Resolution No. 11**,* introduced by Doctor McClendon, dealing with a Basic Science Law, is printed for your information.

Your committee approves the intent of this resolution, but because the next general election will be held in November, 1940, and it is physically impossible to qualify an initiative measure by June 27, 1940, which is the last date for filing, your committee recommends the adoption of the following substitute resolution.

The substitute resolution reads as follows:

COMMITTEE'S SUBSTITUTE

WHEREAS, Improved standards of training, especially in professions which deal so intimately with the health of the people, are desirable; and

WHEREAS, It seems right and reasonable to establish similar standards for basic training in all branches of the healing art; therefore, be it

Resolved, That this house of Delegates of the California Medical Association does hereby instruct the Council of the California Medical Association, as a mandate, to take proper steps for the enactment of a Basic Science Law.

Mr. Speaker, I move the adoption of this section of the report.

DOCTOR BULLOCK: I second that, Mr. Speaker!

DOCTOR GOIN: Seconded by Doctor Bullock. Doctor Bullock has the floor.

BASIC SCIENCE ACT

DOCTOR BULLOCK: The problem of a Basic Science Law has been coming before this organization year after year. I believe that last year the Council was instructed to place this measure on the ballot. We are now up against the same proposition, the Council having been so instructed, is still instructed, and is still doing it; but the time is still indefinite. I agree thoroughly with the Reference Committee's idea that the Council, in general, should be left to its own discretion; but, I feel that it is the universal opinion of the members of this House of Delegates and the members of the California Medical Association, that action on this matter should be taken, and should be taken now.

This resolution merely changes the original to state that it shall be at the discretion of the Council, as to when, how, where this initiative shall be put on the ballot. There is nothing so far as time. They can do it ten years from now, and still be following this vague and very indefinite resolution.

I am quite certain, from talking to a large number that the majority want it now. The practical problem of putting on the initiative in the next general election, incidentally, at which we are informed there will be no other medical measures on the ballot, and at which there is no reason whatsoever why this thing should not have come up, is a

* For text of Resolution No. 11, see page 268.

technical problem of qualifying now, because nothing has been done by the Council, although it was so instructed at the last meeting of this House of Delegates.

It may be possible that something can be done by the next election, but that is a technical problem we do not need to go into now. What we want is that it be put on as soon as possible, and the Council so informed, and so informed definitely and positively without qualification.

The question of financing it is also a problem, and the question may come up as it has in the past. It is going to cost sixty or some enormous amount of money, and therefore we can't do it. Apparently, time after time, excuse after excuse is brought up, and no action. I feel that the majority of the House of Delegates want action and want action now to cover any possible developments.

I therefore move that this resolution be amended to read as follows:

Therefore Be It Resolved, That this House of Delegates of the California Medical Association does hereby instruct the Council of the California Medical Association, as a mandate, to immediately take the proper steps for the enactment of an initiative Basic Science Law, at the next general election, at which it is possible to qualify the same. To be abandoned only in case the Legislature takes action to place such a proposition on the ballot, and that the Council be authorized to assess a special assessment for this purpose; not to exceed \$5 per member, in case funds for qualifying and passage of the initiative are not available from the general fund, or the funds controlled by the Committee on Public Health Education; and in case sufficient signatures to qualify the initiative are not obtained by cooperation of the Public Health League, members of the Association, and related groups. Any unexpended residue from this special assessment shall be added to the funds for the same purpose and that are controlled by the Committee on Public Health Education.

You will note that this does several things. It does not state exactly at which election it shall come up, but it stands definitely at the first one at which it is technically possible to qualify.

It does not state that we shall have a special assessment, but rather indicates that the Council shall attempt to obtain signatures through the Public Health League, through our own members, through the nurses, through other groups, and only in case our members fall down on us and do not get enough signatures for the initiative; then it is still possible, and the Council is authorized to pass an assessment only under those circumstances. In case there are any unexpended funds they will be returned for the same purposes as now used by the Committee on Public Health Education, of which we all approve.

It also allows the funds now under the control of the Committee on Public Health Education, some \$27,000, to be used for this purpose. I understand that they will agree to that.

The possibilities of an assessment are not great, but we are covered, and if this is passed, at the next election in which it is possible, we will have a Basic Science Law on the ballot. (Applause.)

DOCTOR AYRES: I second that amendment.

DOCTOR GOIN: The question is now on the amendment of this section of the committee's report. Doctor Ayres!

DOCTOR AYRES: I rather heartily approve of Doctor Bullock's amendment to this motion, and I feel the sentiment of the medical profession is very strongly in favor of as prompt action as possible, on the enactment of some sort of a Basic Science Law. Each year that this is delayed means that the cultists and the irregulars have that much firmer footing, and should it be so unfortunate that some form of compulsory medicine should happen to descend upon the people of California, and should the irregulars be pretty well entrenched, it means that they will then be in the saddle, probably never to be gotten out. Again, a reason for haste in the matter of a Basic Science Law.

As a member of the Committee on Public Health Education, I would be very happy to recommend assistance in this

matter. Of course, I have no authority to spend the committee's funds, and while we have some \$27,000 remaining, we do have a vast store of activities which we are indulging in; to say nothing of our Public Relations Counsel and our relations through the press, and contests and motion picture projects and a few other things. But, I do feel that the committee would uphold the idea of expending certain funds in the furtherance of this project. (Applause.)

DOCTOR GOIN: Doctor Reinle!

DOCTOR REINLE: I wish to state to this House of Delegates that after many months of work, your Committee on Public Relations has definitely completed a Basic Science Law; after consultation with our own Counsel, with the Legal Department of the American Medical Association, we have a proposed Basic Science Law that is now ready, if this House of Delegates will instruct the Council to place it upon the ballot. (Applause.)

DOCTOR GOIN: Doctor Rogers!

DOCTOR ROGERS: Mr. Speaker! We seem to have the word "initiative" pretty well grounded in our minds. There is such a thing, however, in the State of California, as an orderly way to amend the Constitution by what is known as the process of referendum.

This Basic Science Law can be put to the Legislature and if passed by the Legislature, as a constitutional amendment, will then go to the people as a referendum. This will cost very, very little out of our funds, and it really is the proper and orderly way to put it to the people.

DOCTOR BULLOCK: May I beg the indulgence of the House to discuss that possibility?

DOCTOR GOIN: Is there any objection to Doctor Bullock having the floor again? Doctor Bullock!

DOCTOR BULLOCK: The problem of presenting this through an action of the Legislature has been very carefully discussed with the Public Health League. Their opinion is that if we start an initiative and get up interest and get it started through the individual members trying to get signatures; which would cost only \$2,000, maybe \$2,500 at at maximum; the chances of getting this by the Legislature would be enormously increased. Not only that, but if we got out and tried to get signatures, the advertising value and the chances of passing this initiative, no matter how put on—or this Basic Science Law—would also be enormously increased.

Now, if we leave it, if we sit down and do nothing as we have always done, the Legislature does not meet until January, 1941. It would not act upon this until June, 1941. By the time we got around to thinking about it, and doing something, it would be after the next election and we would come up against the problem that they didn't do it, though we wanted them to, and it would be entirely too late.

The wording of this resolution says that the initiative shall be started. The value of starting that is first, that if the Legislature doesn't do it, we can still put it on. Second, that it will tremendously increase, at very little cost since we are getting these signatures ourselves, the chances of the Legislature doing it. Third, that if the Legislature puts it on, or if we put it on, the fact that we have gone around and talked to our friends, will tremendously increase the chances of passing it. (Applause.)

DOCTOR GOIN: Doctor Stevens!

DOCTOR STEVENS: May I say just a word. If we let the State Legislature do this thing, they will hang so many amendments on this thing that we won't know whether it is a Basic Science Law or a football.

DOCTOR GOIN: Doctor Ruddock!

DOCTOR RUDDOCK: I want to state that I am heartily in favor of a Basic Science Law, a Basic Science Law that is put over in this State at the earliest possible moment.

I stand here at this time to defend the action of Reference Committee No. 3, because I want to read again that last paragraph:

Therefore Be It Resolved, That this House of Delegates of the California Medical Association does hereby instruct Council of the California Medical Association, as a mandate, to take the proper steps for the enactment of a Basic Science Law.

This amendment that has just been put to you will freeze the action of the *modus operandi* that you are going to use in getting over a Basic Science Law.

If you pass this amendment, you can get this Basic Science Law in only one particular manner. That particular manner is that you must have an initiative. Now, I believe, if you are going to put an amendment in, you better put one in giving a time limit, rather than an amendment in which you freeze the action.

Tonight you feel that there is only one method of putting this Basic Science Law over, and that is the initiative. Tomorrow you may change your mind, and you find that you have passed an amendment which won't allow you to put it in, in any other manner, except by initiative. You also start an initiative, and you will find that the Legislature may put it in as a referendum, and then you will find that you have expended sums of money.

This Reference Committee, throughout its entire recommendations to you, has attempted to try and put the intent of the resolution before you, without freezing any action, and putting you right down the alley on one particular way, so that you can't change your mind or you can't take a side road. (Applause.)

DOCTOR GOIN: Doctor Bullock!

DOCTOR BULLOCK: I rise to a point of fact. The reading of the resolution was that the initiative should be started, to be abandoned in case the Legislature agrees to put it on the ballot, and the statement that this freezes it is not in accordance with the wording of the amendment as introduced.

DOCTOR GOIN: Thank you, Doctor Bullock. Doctor Leggo!

DOCTOR LEGGO: Mr. Speaker, I feel somewhat as though I am going to play the part of King Canute on this wave of enthusiasm. I think we all share the enthusiasm for the Basic Science Law. In this topsy turvy world there is a war going on. We must remember that three men on the attack are met by one on the defense. The initiative is an attack. The referendum is more of a defense of what the Legislature has passed. We must remember also that each and every action has an equal and opposite reaction, and the reaction to the initiative may be widespread, both among the public and in the profession. There has been an increasing prejudice on the part of the public to the initiative. They are learning more and more to say "no" blindly. I believe the referendum would receive a much more careful consideration and would be much preferable. I agree with the last speaker that we should not insist upon the initiative, but should leave it to those who have been studying the matter, and have prepared the legislative presentation.

Thank you.

DOCTOR GOIN: The question is on the adoption of the amendment. Doctor Shephard?

DOCTOR SHEPARD: There is no one more interested in a Basic Science Law than I am, but it seems to me that we are in a good deal the position of some of those people that we are trying to make come up to what we consider our standards. As a group, I think we are a pretty good bunch of doctors, but as legislators and attorneys I don't think much of ourselves, but, we have a very astute politician and counsel with us, and I would like to have Mr. Hartley Peart advise us as to just what action we should take here. (Applause.)

DOCTOR GOIN: Doctor Askey!

DOCTOR ASKEY: Members of the House of Delegates! There is an old story that on a prairie fire, the only way to fight a fire is to start another fire. Now, we have always heard of some of the irregulars who have passed initiatives,

in the past, and have gained rights which interfere with what we think are the best interests of the practice of medicine. I wonder how many of you know how they did that? Every chiropractor was assessed \$150, which he paid at the time of the chiropractic initiative. They paid it in \$30 a month, for five months.

Now, gentlemen and ladies, you and I know that the thing that has kept our Council from putting this Basic Science Law so that that it would have been in effect now, is one thing, and one thing only; and that has been the cost, or the supposed cost.

From some experiences that I have had in public life it is easy to say that you can go easily out and get signatures. Now, astute politicians and men who make their living in politics, believe that it costs thirty cents a name to get names on an initiative. Whether you believe that or not, I don't care, but that is what astute politicians figure. It would necessitate about three hundred and sixty some thousand names, which if you figure it out on the basis of thirty cents, would run about \$108,000. Now, somebody says ten cents a name. I challenge that and believe you will find it is much higher, as I state. Now, if it is less, make it less, and I figure that it will cost about \$90,000, at a minimum. . . .

There must be some way that we can develop the funds, if we are willing to do it, and if we want this Basic Science Law, and are not merely kidding ourselves, I, for one, will go to \$150, out of my pocket for it. (Applause.)

DOCTOR McCLENDON: Would an amendment to the amendment be in order?

DOCTOR GOIN: It is. Doctor McCleendon has the floor at the moment. You can offer your amendment.

DOCTOR McCLENDON: Mr. Speaker! Members of the House! I seem to have started something here by introducing a resolution, and I meant to start something. I think we are at a point where we should not try to offer stumbling blocks. If it costs us a little money, let's get down and do something. For ten years that I know of personally, we have talked about a Basic Science Law. We could have passed this thing years ago with less expenditure than we have used for a lot of other things which are pretty useless. We have spent \$80,000 for something, which you know about. I don't need to mention what that was. We can spend a little less, perhaps, for a Basic Science Law. I think that a lot of these arguments that you have heard, pro and con, have been very good. I think that it is time for us to take some action, and if it is necessary to appropriate some money, let us do so. Let us not be in the background of less progressive states. We have some very progressive states on this Coast—Oregon, Washington, Arizona—there are about thirteen states in this country—I don't think we need to step back and say that we are backward in raising standards and in establishing standards. If we have been on the defensive in the past, let's not be on the defensive now. Let's take a little offensive. I think that it is about time we took some definite action on a matter of this kind. (Applause.)

DOCTOR GOIN: Doctor Leggo has the floor.

DOCTOR LEGGO: Gentlemen! Money talks, and I would move an amendment, to the amendment, so that the amendment would read: "When sufficient funds have been raised, if the law has not been passed by other means." Thank you.

DOCTOR GOIN: Is there a second to the amendment?

DOCTOR ASKEY: I'll second the amendment.

DOCTOR GOIN: The question is now on the adoption of the amendment to the amendment. Are you ready for the question?

Question called for. Vote taken. The "noes" have it. The amendment to the amendment is lost.

DOCTOR GOIN: The question now recurs to adoption of the amendment to the committee's report. Are you ready for the question?

Question called for. Vote taken. Someone asked for reading of the amendment.

DOCTOR GOIN: The amendment? Inserts after the words "a mandate to"—Doctor Bullock, would you mind reading it, you wrote it?

DOCTOR BULLOCK: I'll read the original and indicate the additions. "Therefore be it resolved that this House of Delegates of the California Medical Association does hereby instruct the Council of the California Medical Association, as a mandate to (add immediately) immediately take the proper steps for the enactment of (change to: an initiative for a proper) an initiative for a proper (go back to the original) Basic Science Law, (now add:) at the next general election at which it is possible to qualify same, to be abandoned in case the Legislature takes action to place such a proposition on the ballot, (we start the initiative and then it can be abandoned) and that the Council be authorized to declare a special assessment for this purpose; not to exceed \$5.00 per member, in case funds for qualifying and passage of the initiative are not available from the general funds, or the funds controlled by the Committee on Public Health Education; and, in case sufficient signatures to qualify the initiative are not obtained by cooperation of the Public Health League, members of the Association, nurses and related groups, and that any unexpended residue from this special assessment shall be added to the funds for the same purpose and now controlled by the Committee on Public Health Education."

DOCTOR GOIN: The question is now on the adoption of the amendment. Doctor Moody!

DOCTOR MOODY: Mr. Chairman! House of Delegates! It seems to me that Doctor Shephard's question should be answered, calling upon legal advice in this regard, before we sew ourselves up for this particular thing. I believe that there are some legal requirements associated with initiatives, as regards time element, when it must be put into effect, and so forth, and I think we ought to have that before we vote upon this amendment.

DOCTOR GOIN: Would the House like to hear from our legal counsel? (The House answered "Yes.") Mr. Peart!

MR. PEART: Mr. Speaker! Members of the House of Delegates! There would hardly appear to be time to qualify the measure for the present general election, except by the expenditure of considerable money. That would mean, I assume, getting the signatures by paying for them. Mr. Read can probably tell you, better than I or Mr. Marshall, how much time that would require.

As Doctor Reinle has stated, the Act has been prepared very carefully by the Committee on Public Relations, drafted and redrafted. We have gone over it very carefully. It would have to be titled. I am not advised as to how much time the Attorney General takes in titling these measures. I assume that we could ask him to expedite, and that we would get the title within a reasonably short time. The whole question would be the getting of the signatures, I assume, to qualify for the coming election, which the resolution properly states in June 27. I would like to ask the political experts about the obtaining of the signatures. I think they can give you much more definite information than I can.

DOCTOR GOIN: Thank you, Mr. Peart. For anyone but a member of the House of Delegates to appear on the floor, requires unanimous consent. Do we have the unanimous consent for Mr. Read to speak? Do I hear any objection? (No objection—unanimous consent.) Mr. Read! (Applause.)

MR. READ: Mr. Chairman! Members of the House! Mr. Peart is a good politician, he passes the buck. We have been investigating this very carefully for the past ten days, and we did not feel that it would be possible to place this on the November ballot, and to secure the signatures by June 27. In the first place, as Mr. Peart has told you, it is

necessary for the matter to go through the Attorney General's office. In a discussion the other day, we found that the dentists are not entirely satisfied with the present bill, as drawn up, and we will rely upon them very heavily for support in this election. It would take possibly a week to get their committees together. It would take about ten days, I believe, to get it through the Attorney General's office, and then, I am not throwing cold water, but getting signatures—bear in mind that they have to be absolutely correct, the street address must be correct. After they are taken they must be precincted, by precinct organizations, which takes a tremendous amount of detail time.

I have made the suggestion unofficially here, to some of the members who have asked me about it, that I think that we could get two or three thousand dollars to get these petitions printed, get them in the hands of the members of the profession, the allied professions, the auxiliary, and we would get, as Doctor Bullock said, considerable publicity and considerable activity. We would know in two or three months how many signatures they had. If we got 150,000 that way, we would be that much ahead. If we got them all that way, it would be swell. At least we would get the publicity and then if we saw we needed some money, I think enthusiasts like Doctor Askey would produce the money, and we could go ahead and put it across. My suggestion is that we forget about trying to get it on the November ballot, that we get some place, get two or three thousand dollars and get the petitions out and into every office in the State, and see what we can do. If we are at all successful, I believe we can get the money to put it over.

I hope that answers your question.

DOCTOR MOODY: Mr. Chairman, if an initiative is started, when does it have to be filed, and when does it have to be put into Sacramento, in order to be acted upon by the voters?

DOCTOR GOIN: Will you answer that question, Mr. Read?

MR. READ: I would refer it to Mr. Peart.

MR. PEART: Mr. Speaker! Doctor Moody, I think it is about 110 days in advance of the election, that it has to be filed for certification. I haven't got the constitution here, but I am just relying on my memory. It is something like that.

I think Mr. Read's suggestion, for the practical questions involved, is very sound, from my experience.

DOCTOR GOIN: The question is now on the adoption of the amendment.

DOCTOR MOODY: May I speak again, Mr. Chairman?

DOCTOR GOIN: Do I hear any objection? Doctor Moody!

DOCTOR MOODY: Mr. Chairman! Members of the House! I am not here opposing a positive action on this amendment to the report. There is one point in the amendment which I think must be taken into consideration. There is mentioned the possibility of a *modus operandi* laid out, in this amendment, for a special assessment. I only call the attention of the House to the fiasco which took place in relationship to the last special assessment which was levied. There are still more than a thousand members in this Association who have refused to pay this special assessment. There is no provision in the Constitution whereby there can be put any teeth into the collection of this special assessment, unless an amendment to the Constitution is passed. That must be taken into consideration before you vote upon this amendment.

DOCTOR GOIN: The question is now upon the adoption of the amendment, as read by Doctor Bullock. Are you ready for the question?

Question called for. Vote taken. The "noes" have it. The amendment is lost.

DOCTOR GOIN: The question is now on the adoption of this section of the committee's report. Are you ready for the question?

Question called for. Vote taken. The "ayes" have it. Motion carried, report adopted.

DOCTOR CHANDLER: **Resolution No. 12,*** introduced by the delegates from Sacramento County, printed there for your information. I will read the last portion of it.

Resolved, That this House of Delegates disapproves of the action of the Council in illegally advancing money in excess of the maximum clearly specified in the enabling resolution when legal provision existed in the by-laws of the California Physicians' Service for raising any additional sum which might be necessary for the financing of that organization; and be it further

Resolved, That the House of Delegates hereby pledges itself to insist on the observance of the Constitution and By-Laws in the future conduct of the affairs of the California Medical Association.

Now, there is a change since the mimeographing was done. In considering Resolution No. 12, your committee encountered a considerably complicated legal situation, in which there apparently existed some doubt as to the legality of the Council's action in appropriating more than was authorized by the House of Delegates in December, 1938. In the final analysis it appears to your committee that the Council probably did exceed its authority in this matter, but it is evident that this was done, in their best judgment, and upon the opinion of the legal counsel of the Association, that such an action was within the power of the Council.

Your committee recommends that this resolution do pass. I move the adoption of this section of the report.

DOCTOR EMPEY: I second the motion.

DOCTOR GOIN: Seconded by Doctor Empey. Doctor Alexander!

DOCTOR ALEXANDER: Mr. Speaker! I rise to a point of order. Earlier in the evening there was submitted for your consideration, the recommendation of Reference Committee No. 2, bearing upon the report of the Council. That report recited, in more or less detail, the acts and the purposes of the Council during the past year, and incorporated therein was a full statement of this financial involvement, here in question. That report, upon recommendation of the committee, was approved and ratified, and bearing upon not only the report of the acts of the Council, as therein stated. It would therefore seem to me that in bringing up this question, there is an effort to rescind your already expressed approval of the expenditure involved.

DOCTOR GOIN: The Chair considers the point of order well taken, since it seems obvious that the House cannot in one moment approve the actions of the Council, and the next moment disapprove them. The Chair would therefore rule that this portion of the report is not in order.

DOCTOR CHANDLER: **Resolution No. 14,*** introduced by Doctor Wiley, titled "Expert Testimony." I will read the last portion of it.

Resolved, That the Council of the California Medical Association be instructed to designate a suitable committee or committees to study the existing situation, consider the laws of other states respecting expert witnesses, confer with representatives of the Bar Association, Judiciary, Industrial Accident Commission, and with scientific and technical groups having a similar problem, with the purpose of securing improved procedure in selecting expert witnesses or medical examiners, and that the Council be authorized to seek remedial legislation if it seems advisable to do so.

After consideration of the intent of this resolution, your committee recommends that it do pass. I move the adoption of this section of the report.

DOCTOR BOLIN: Second the motion.

DOCTOR GOIN: Is there any discussion?

No discussion. Vote taken. Motion carried.

* For text of Resolution No. 12, see page 268.
For text of Resolution No. 14, see page 269.

DOCTOR CHANDLER: **Resolution No. 15:***

Be It Resolved, That the House of Delegates of the California Medical Association endorse and support a bill or bills introduced in the legislature to alleviate the burden of malpractice suits of the medical profession, as well as dentists, nurses and all people rendering similar service:

First: To compel plaintiff to post bond for cost of suit or to limit the amount of recovery in any malpractice suit to \$4,000.

Second: In all auto accidents the doctor shall have the first lien on any damage recovery from the insurance company or private individuals.

After careful consideration of the intent of this resolution, your committee recommends that it do not pass. I move the adoption of this section of the report.

DOCTOR VOORSANGER: I second the motion.

DOCTOR GOIN: Is there any discussion? Are you ready for the question?

No discussion. Vote taken. Motion carried.

DOCTOR CHANDLER: **Resolution No. 18,*** introduced by Doctor Barnard, a change in the name of the section on Industrial Medicine and Surgery, to a section on Orthopedic and Traumatic Surgery.

In considering this resolution your committee has reviewed the efforts of the American Medical Association, several universities and research institutions, opinions of industrial accident commissions and safety councils, to make the practicing physician aware of the numbers of health hazards other than trauma associated with industries in the United States. At the present time there are 936 recognized health hazards in industry other than trauma and it seems expedient that a section on Industrial Medicine and Surgery be continued.

Your committee recommends that this resolution do not pass. I move the adoption of this section of the report.

DOCTOR MATHEWSON: Second the motion.

DOCTOR GOIN: Is there any discussion?

No discussion. Vote taken. Motion carried.

DOCTOR CHANDLER: **Resolution No. 19,*** introduced by Doctor Compton of Bakersfield, having to do with membership transfer of residence from one component county society to another, is before you.

After careful consideration of the intent of this resolution, your committee recommends that it do not pass. I move the adoption of this section of the report.

DOCTOR ALEXANDER: I second the motion.

DOCTOR GOIN: Are you ready for the question?

Question called for. Vote taken. Motion carried.

DOCTOR CHANDLER: **Resolution No. 20,*** introduced by Doctor Compton, titled "Residence Requirement—By Transfer." This is a companion resolution to the other one.

After consideration of the intent of this resolution, your committee recommends that this do not pass. I move the adoption of this section of the report.

DOCTOR BAILEY: I second the motion.

DOCTOR GOIN: Is there any discussion?

No discussion. Vote taken. Motion carried. Section adopted.

DOCTOR CHANDLER: **Resolution No. 21,*** introduced by Doctor Compton, dealing with physicians who practice in more than one county.

After consideration of the intent of this resolution your committee recommends that this do not pass.

*For text of Resolution No. 15, see page 269.
For text of Resolution No. 18, see page 270.
For text of Resolution No. 19, see page 270.
For text of Resolution No. 20, see page 270.
For text of Resolution No. 21, see page 270.

I move the adoption of this section of report.

DOCTOR ALEXANDER: I second the motion.

DOCTOR GOIN: Are you ready for the question?

Question called for. Vote taken. Motion carried, section adopted.

DOCTOR CHANDLER: **Resolution No. 22,*** introduced by Doctor Compton, having to do with California Physicians' Service, Acquisition Policies and Individual Membership.

There has been a change in the committee's action since the mimeographing of this material.

In considering this resolution, your committee is of the opinion that its intent is to enlarge the membership of California Physicians' Service and to provide additional funds for the continuation and the expansion of the service, and is of the opinion that California Physicians' Service is contemplating the acquisition of a larger group which will require funds in addition to the amounts already available to it; and being of the further opinion that it is the intent of the California Medical Association to continue to support California Physicians' Service during this period of its development, we submit two substitute resolutions, which, in our opinion, do not change the intent of Resolution No. 22, as originally submitted.

We therefore offer you the following substitute resolutions:

COMMITTEE'S SUBSTITUTE RESOLUTION NO. 1

Be It Resolved, That the Council of California Medical Association is hereby authorized to advance as loans to California Physicians' Service, such further sums of money as in its judgment may appear to be needed for the further continuance and expansion of California Physicians' Service, having in mind the limitations of such loans to the total amount such that the financial resources of the California Medical Association and the accomplishments of its purpose be not jeopardized, pending the time when such loans are repaid by California Physicians' Service.

If the Speaker doesn't consider it out of order, I would like to read at this time, the second substitute resolution, because the two resolutions together, we feel, cover the entire intent of the original Resolution No. 22. May I proceed with that, Mr. Speaker?

DOCTOR GOIN: Proceed, Doctor Chandler.

DOCTOR CHANDLER: The substitute Resolution No. 2 reads as follows:

COMMITTEE'S SUBSTITUTE RESOLUTION NO. 2

Be It Resolved, That the House of Delegates request that California Physicians' Service put into effect an acquisition policy, under which professional members shall be permitted and invited to receive applications from individuals, including physicians, and those members of their families and employees in physicians' offices, and other individuals, under such limitations and regulations, and at such rates as the Board of Trustees of California Physicians' Service shall determine.

I move the adoption of this section of the report.

DOCTOR SHEPARD: I second the motion.

DOCTOR GOIN: Is there any discussion?

DOCTOR KILGORE: What is the motion on?

DOCTOR GOIN: This is a section of the committee's report, and the adoption of it will adopt both of the substitute resolutions. They may be separated, if you so desire. Doctor Kilgore!

CALIFORNIA PHYSICIANS' SERVICE

DOCTOR KILGORE: Mr. Speaker! Again, I should like to speak in clarification of some of the problems involved in the second of the substitute resolutions, read by the chairman of your committee; namely, the proposal that California Physicians' Service open beneficiary membership registration to individuals—if I am quoting this correctly it is "individuals, including doctors themselves, adult members of their families, employees in their offices and other individuals," without specification.

This suggestion has been made repeatedly and often, coming from a number of parts of the State, coming from both medical and nonmedical sources. There is a large demand for individual registrations.

Trustees of California Physicians' Service have felt that they were exactly that—trustees for an organization supported by and belonging largely to the medical profession as represented in California Physicians' Service professional members; and as represented here in California Medical Association, as well as the beneficiary members whom we are taking care of through this service.

We are now at the stage where we are handling from seventeen to twenty thousand dollars a month in contributions and monthly dues from beneficiary members.

To embark upon a program of individual membership involves responsibilities for monies that are put into that program. It is our understanding that the experience of hospitalization associations and of such medical service plans as have tried it, has shown that in general, individual memberships are expensive—expensive to administer as well as to acquire—and we have had some experience with the handling of individual billing and collecting, during the period last fall when members of the State Employees Association had to be handled on that basis, before pay roll deduction could be put into effect. The expense of office work involved, of correspondence, of handling the purely administrative details of individual accounts is much larger than any of us would have thought.

In the second place, they are expensive because of the very well-known tendency of individuals to self-select themselves, giving the poorer risks to members and the better risks staying out.

If we are to do this, we should perhaps as a matter of fairness to the members now in, in groups, segregate the financial returns and costs of this group of members. It may cost more than we take in from it. The suggestion was made in this resolution, if I remember correctly, that the dues be set at \$1.85 per month, whereas the full coverage dues now, in groups, is \$1.70 per month. The differential of 15 cents will not, I believe, cover even the additional administrative costs, and will provide no padding for the matter of self-selection of risks on an individual basis. It may, therefore, involve some loss to the California Physicians' Service.

Now, I'm not—please don't misunderstand me—for the trustees arguing against this. As a matter of policy, for the benefit of the medical profession, as represented through California Physicians' Service, for the extension of this service to groups of individuals to whom it could not otherwise apply, and particularly in parts of the State where it is difficult to secure a large group representation; it may be a highly desirable thing to do, and if in your opinion it is a desirable thing to do, I am very sure that the Trustees of California Physicians' Service will be guided by your wishes. It is only in a feeling that you should do this with your minds open, as to all the implications of it, that I bother you to make this explanation. (Applause.)

DOCTOR GOIN: Doctor Wilson!

DOCTOR WILSON: Mr. Speaker! Members of the House! The second substitute resolution introduced by the Committee was the result of a thought that occurred to me when Doctor Kilgore spoke to the Council the other day and stated that they had twelve thousand beneficiary members, and must have twenty thousand beneficiary members before the operation of California Physicians' Service is in the black. The House has authorized the Council to loan additional money. We probably will not find the money from our present general funds. The Chairman of the Council and the Budget Committee will have plenty to do in reorganizing the offices and showing a favorable balance sheet at the end of the year. The \$15 dues authorized for next year will not be usable until next year, and

* For text of Resolution No. 22, see page 270.

we have certain sums of money which we have borrowed in order to loan money to the California Physicians' Service, and to carry on the other activities of the Association. So it occurred to me that the probable temper of this House would not be in favor of another assessment in order to raise money for the funding of California Physicians' Service. It did seem to me, however, that we have enough confidence in California Physicians' Service for its various purposes to voluntarily contribute to its financial stabilization.

The thought occurred that if the doctors, the members of the Association and their wives, and possibly one or more of their office assistants—the suggestion was made, I think, by Doctor Rogers, that many of the nurses would like to participate—if a contract could be provided by California Physicians' Service whereby those individuals named in those groups could be brought into California Physicians' Service as beneficiary members, voluntarily contributing by subscribing to the Service, they would first receive hospital insurance as a part of the program.

Professional fees are not charged for services to doctors, their wives, nor ordinarily to nurses. Those fees would be waived in the contract so that the California Physicians' Service would be exposed to the acquisition cost, to the hospital insurance cost, and there would be necessarily some little adjustment with the hospital associations in this matter due to the fact that it would be necessary to work out an agreement with the hospital associations where substandard risks were undertaken or underwritten, as it is likely that there might be greater hospital costs in this group of people. However, that could be taken care of.

If we could get somewhere between the twelve thousand people who are now in, and the twenty thousand that are required—among the six thousand physicians in the California Medical Association, their wives, an equal number of office assistants and nurses—to bring our number up to twenty thousand subscribers paying the ordinary or modified rate, with hospitalization, acquisition and collection cost, administrative cost is the only drain on that fund—we would by this effort voluntarily and individually contribute to its success and put the thing over.

In addition to that there would be a tremendous advantage to California Physicians' Service from the public reception of the fact that almost all of our members were insured in our own operating scheme.

I would like to see the House endorse it. It was written up very generally in the Committee's recommendations because many of the details had not been discussed and worked out. I believe that from the standpoint of selling it to the membership, the various advantages, the voluntary contribution to the fund, in lieu of loaning more money and assessing ourselves to carry it on—from the financial statements which have been submitted, it would seem to me that it would require but very few months for large numbers of us to get behind this in this manner in order to see California Physicians' Service on a sound basis.

DOCTOR KILGORE: Mr. Speaker, may I have the consent of the House to speak once more?

DOCTOR GOIN: Is there any objection to Doctor Kilgore having the floor again? (No objection.) Doctor Kilgore!

DOCTOR KILGORE: Again, without any argumentation whatsoever, may I—for the information of the House—point out the fact that California Physicians' Service does not control the hospital part of the contract, or at least the hospital contract which accompanies the California Physicians' Service contracts. These hospitalization contracts are furnished by separate hospitalization associations—The Associated Hospital Service of Southern California and the Insurance Association of Approved Hospitals and, to a limited extent, by the Interstate Hospitalization Insurance Association. We have no assurance whatever from any of these associations that they would

accept individuals on any basis. We have had indications repeatedly from them in the past that they would look with a considerably jaundiced eye upon even groups of doctors and nurses. So we could have no assurance whatever that we could offer a complete coverage, including hospitalization, on this basis.

There are two or three members of the Board of Directors of the Associated Hospital Service here, and it may be one of them will want to speak to that.

DOCTOR GOIN: Doctor Palette!

DOCTOR PALLETTE: Mr. Chairman! Gentlemen! The experience of the Associated Hospital Service of Southern California in carrying this class of people has been bad. The only groups on whom we have lost money have been the groups from the hospitals—the employees, nurses, doctors, and doctors' families. This condition got so bad—we were losing so much money with these groups—that we had to inform them a year or two ago that unless they would make up the difference between the premium paid in and the money expended on these groups we would have to cancel our contracts with them. A number of hospitals in Southern California have been making up in service for the difference between the premium they pay in and the cost of carrying the insured.

The Associated Hospital Service of California is not taking individuals. We do not contemplate taking individuals for some time to come.

I think this recommendation might go to the Trustees, but it should go in a very mild form.

DOCTOR CHANDLER: Mr. Speaker! If it would simplify the expression of opinion of the House, the Reference Committee would be very glad to separate these two, and with consent of the seconder of my motion to adopt this portion of the resolution it could be withdrawn and a separate vote taken, if that would help any.

DOCTOR GOIN: Is there any objection to separating these two substitute resolutions? If there is no objection, the first of the two substitute resolutions will then be considered as this section of the committee's report. Do you want to read it again, Doctor Chandler?

DOCTOR CHANDLER: That would be the first substitute resolution, which reads as follows:

Be It Resolved, That the Council of the California Medical Association is hereby authorized to advance, as loans to California Physicians' Service, such further sums of money as in its judgment may appear to be needed for the further continuance and expansion of California Physicians' Service, having in mind the limitations of such loans to the total amount such that the financial resources of the California Medical Association and the accomplishments of its purpose be not jeopardized, pending the time when such loans are repaid by California Physicians' Service.

DOCTOR GOIN: The question is on the adoption of this section of the committee's report. Are you ready for the question?

Question called for. Vote taken. Motion carried and section adopted.

DOCTOR CHANDLER: The second substitute resolution reads as follows:

Be It Resolved, That the House of Delegates request that the California Physicians' Service put into effect an acquisition policy under which professional members shall be permitted and invited to receive applications from individuals, including physicians, adult members of their families, and employees in physicians' offices, and other individuals, under such limitations and regulations and at such rates as the Board of Trustees of California Physicians' Service shall determine.

I move the adoption of this section of the report.

DOCTOR SHEPARD: I second the motion.

DOCTOR GOIN: The question is on the adoption of this section of the report. Doctor Cline!

DOCTOR CLINE: Mr. Speaker! May I offer an amendment to the second half of the substitute resolution? Namely, to strike out the word "request" and substitute

therefor "suggest that the Trustees of California Physicians' Service consider the extension of this policy."

DOCTOR GOIN: Is there a second to the amendment?

DOCTOR PALLETTE: I'll second the amendment.

DOCTOR GOIN: The question is now on the amendment to this section of the committee's report. Doctor Packard!

DOCTOR PACKARD: Mr. Speaker! Members of the House of Delegates! In the preparation of this second portion it was worded very carefully to include only the words "California Physicians' Service." Therefore, by no stretch of the imagination can hospital service or hospital insurance be tied to this portion. Any of the individuals who come under this in case it is adopted, would of necessity, therefore, if they have hospital insurance, provide it from sources available, either through hospital associations or stock company, and the California Physicians' Service are in nowise responsible or mixed up in any way in the hospital end of it. Therefore, so far as California Physicians' Service is concerned, the adoption of this does not bind anyone in the hospital end.

Doctor Kilgore mentioned the fact that \$1.85 was mentioned if the second portion is adopted there is no freezing of any kind or nature. The original resolution did freeze the whole picture, and that is the main reason why it was entirely changed to unfreeze the resolution and to give the Trustees the power to do just exactly what is necessary and what is required to protect themselves and to protect the professional members.

In so far as Doctor Cline's amendment is concerned, the word "suggest" that the Trustees take this under advisement, is, I think, a very bad thing because they have already had this under advisement and have been considering it for a long time, and I don't believe the Board of Trustees of the California Physicians' Service will take any action unless they have the backing of the House of Delegates. I think they should have the backing of the House of Delegates before they undertake it. Therefore, to direct them to start to consider it again is just like telling the Council to put in the Basic Science Law without giving us any money to do it with. We are still tied right where we were, to the same post. I favor very much the adoption of the measure as it stands, without the amendment.

DOCTOR GOIN: The question is now on the motion to amend the committee's report. Are you ready for the question?

Question called for. Vote taken. Standing vote. Amendment lost.

DOCTOR GOIN: The question is now on the adoption of the committee's report. Are you ready for the question? Doctor Reinle!

DOCTOR REINLE: As I understand this, it means the acquisition of individuals. If that is so, it is extremely dangerous. From our experience in the Insurance Association Hospitals about the Bay, it was necessary to acquire one thousand members before we were allowed to incorporate by the Insurance Commissioners. Five hundred members of the Alameda County Medical Association subscribed \$100 apiece, so as to raise the \$25,000 deposit that was necessary. Let me tell you, gentlemen, we have had a headache with our doctors and their wives, and the nurses who we acquired as individuals. They have cost us as high as 300 per cent. I have heard Doctor Kilgore say that some individuals, for instance the school teachers, have cost them hundreds of per cent over and above what they have paid in.

To me it seems extremely dangerous to take in individuals. It is the gainfully employed, that are those with whom we should build California Physicians' Service.

In New York they were doing wonderfully well when they were acquiring members who were gainfully employed. When they began adding families and individual

members, they immediately began to lose. So much so that they were fearful that the time would come when they would be bankrupt. I am quite sure if it were left to the Trustees of California Physicians' Service they would be very careful, and probably would think a long time before they would take individual members.

DOCTOR GOIN: Doctor Kneeshaw!

DOCTOR KNEESHAW: I think that the members of the House here are ignorant—that is, most of us at least, myself included—as to what the Trustees want. I think that they have been studying this whole problem and if they want it, why don't they get out here and say so. I think that we, as members of the House, would really accept the opinion of the Board of Trustees, and I think they are the ones who should tell us whether to do this, rather than we do not understand the workings of the California Physicians' Service. (Applause.)

DOCTOR GOIN: Doctor Kilgore has the floor.

DOCTOR KILGORE: Mr. Speaker! If you leave it to the Trustees, as a matter of pure business and safety at this stage of the organization, we would not dare to do it, for the reasons that I mentioned.

For the reasons that I mentioned otherwise, the profession in California has already put a lot of money into this thing. Not because it is something that any of us wanted as a matter of improving the conditions of our practice or making us any happier; but because we felt it was better for us to do this than to have somebody else do it for us, either private or government. That consideration is just as strong today as it was when we started California Physicians' Service, and will be with us for a long time to come. The point I am trying to make clear is that you, either through the machinery of the California Medical Association, or as professional members of the California Physicians' Service, have put up the necessary organization money and are putting up the necessary money to extend California Physicians' Service, and if you want to risk having to put up some more money on account of this thing; if you consider that the extension of membership to individuals in parts of the state which it has been impractical to reach so far is worth some risk—you are the people to decide that thing. We can tell you that so far as we are able to find out, from a purely business point of view, if we were in this simply for the sake of running a health insurance plan, we wouldn't think of doing it—for a minute.

We are, as I said earlier in this session, in general meetings, and so forth, about at the stage now where we can continue the service to the present twelve thousand members that we have, without the expenditure of any more administration funds than come in to us each month from our beneficiary members, allocating 25 per cent of what they take in for administration. You have to consider that if you want California Physicians' Service to grow, more capital funds still must be put in for a few months into the acquisition of additional members. The Trustees estimate that when we do reach a membership of twenty thousand, another eight thousand members, the administrative proportion which will come from them will take care of further acquisitions after that. In other words, we have reached about the end of the two-thirds stage; the first third being organization, the next third being reaching a self-sustaining basis for the care of the members that we have, and the final third being the reaching of a self-sustaining basis, including further acquisition.

Do I make myself clear about the attitude of the Trustees on this particular point?

DOCTOR GOIN: Doctor Howell!

DOCTOR NEWELL: Mr. Chairman! Members of the House! The struggle is, in insurance, to get a good distribution of risks. The distribution of risks in the California Physicians' Service depends upon taking people in

in unselected groups. The necessity is to get the income from the people who are not sick to support the expense of those who are sick, covered by California Physicians' Service. If they come in in groups, they are unselected, we hope. The ones who drop out are presumably those who find, after some years' experience, that they have not accepted or needed any benefits from California Physicians' Service. We have individual selection, then, on the way up. We will see in the future, therefore, a selection in favor of dropping the membership of those who are well, and a retention of membership of those who have much sickness. The result is, we can look in the future to see the per capita expense for the membership of the California Physicians' Service increasing. We can look to see, therefore, in the future the monthly payment requirement increasing. We can look, therefore, in the future, to see a vicious circle develop. The rates will rise and consequently the attractiveness of the policy will decrease, and consequently the difficulty of getting in more and more unselected groups will become greater and greater.

If we are not careful we will find California Physicians' Service pinching out on this basis of bad selection of risks. Why hasten this pinching out of California Physicians' Service by allowing the bad risks to nominate themselves for membership? (Applause.)

DOCTOR GOIN: Doctor Ayres!

DOCTOR AYRES: Mr. Speaker! Members of the House! Sooner or later we are going to have to face the question of taking care of individual applicants as well as dependents of members if the California Physicians' Service is going to justify its existence, and to truly reach large proportions. I think that there would be several ways in which individual applicants could be taken in. For instance, they could be taken in on the basis of a physical examination plus, we will say, payment of one year's dues in advance. That would go a long way toward compensating for the otherwise increase in cost of acquisition. I think it would not be out of place to express your desires that some technique could be worked out for safely handling individual applicants.

DOCTOR GOIN: The question is now on the adoption of this section of the committee's report. Are you ready for the question?

Question called for. Vote taken. The "Noes" have it. This section is deleted.

DOCTOR CHANDLER: **Resolution No. 23,*** introduced by Doctor Bullock, known as "Pound Legislation," directs the legislative committee to seek legislation allowing the use of unclaimed animals for scientific investigation by certain scientific institutions.

After careful consideration of the intent of this resolution, your committee recommends that this do pass. I move the adoption of this section of the report.

DOCTOR VOORSANGER: Second the motion.

DOCTOR GOIN: Is there any discussion?

No discussion. Vote taken. Motion carried and section adopted.

DOCTOR CHANDLER: **Resolution No. 24,*** introduced by Doctor Bullock, dealing with Motor Vehicle Acts and certain exemptions therefrom.

After careful consideration of the intent and the wording of this resolution, your committee recommends that it do pass. I move the adoption of this section of the report.

DOCTOR BAILEY: I second the motion.

DOCTOR GOIN: Is there any discussion?

* For text of Resolution No. 23, see page 271.
* For text of Resolution No. 24, see page 271.

Question called for. Vote taken. Motion carried and adopted.

DOCTOR CHANDLER: **Resolution No. 25,*** introduced by Doctor Vardon, dealing with Past Presidents and changing the present regulations.

In considering this resolution, your committee finds that the Constitution of the California Medical Association specifies the Past President as an officer of this Association. Therefore, this resolution is inadequate to deal properly with the problem. For this reason we recommend that it *do not* pass.

I move the adoption of this section of the report.

DOCTOR DAWSON: Second the motion.

DOCTOR GOIN: Is there any discussion?

No discussion. Vote taken. Carried and adopted.

DOCTOR CHANDLER: **Resolution No. 26,*** Public Health Education. I will read the last part of the resolution:

... that California Medical Association countenance the submission by members, for publication in newspapers and periodicals, of comprehensive articles on medical topics, general in scope and written in simple language expressly designed for instructing lay people; that component county medical associations are urged to create committees on public relations for review and approval of any such articles submitted by its members; that articles published make no mention of the author's personal accomplishments or discoveries and that such published articles be accompanied by the caption: "This article is released in the interest of public health education and with the approval of the _____ County Medical Association."

Your committee recommends that this resolution do pass. I move the adoption of this section of the report.

DOCTOR BULLOCK: I second the motion.

DOCTOR GOIN: Is there any discussion?

No discussion. Vote taken. Carried and adopted.

DOCTOR CHANDLER: **Resolution No. 28,*** introduced by Doctor Ghrist, Postgraduate Activities. I will not read it. It is there for you, unless someone requests it.

After consideration of the intent of this resolution, your committee recommends that this resolution do pass. I move the adoption of this section of the report.

DOCTOR REINLE: I second the motion.

DOCTOR GOIN: Is there any discussion?

No discussion. Vote taken. Carried and adopted.

DOCTOR CHANDLER: **Resolution No. 29,*** from the anesthesia section, on anesthesiology, requesting our delegates to support the formation of such a section in the American Medical Association.

After consideration of the intent of this resolution, your committee recommends that it do pass. I move the adoption of this section of the report.

DOCTOR BAILEY: I second the motion.

DOCTOR GOIN: Is there any discussion?

No discussion. Vote taken. Carried and adopted.

DOCTOR CHANDLER: **Resolution No. 30,*** introduced by Doctor Josephson, dealing with fees in county hospitals. I would like to read it:

Be It Resolved, That the California Medical Association investigate the practice in county hospitals regarding public liability accident cases in which the hospital is paid a per diem fee and the attending surgeon is not paid; be it further

* For text of Resolution No. 25, see page 271.
* For text of Resolution No. 26, see page 272.
* For text of Resolution No. 28, see page 272.
* For text of Resolution No. 29, see page 273.
* For text of Resolution No. 30, see page 273.

Resolved, That all steps be taken to investigate the legality of this procedure; and be it further

Resolved, That the legality of the presentation and collection of professional fees by the nonpaid attending staff physician be investigated.

Your committee recommends that this do pass.

I move the adoption of this section of the report.

DOCTOR REINLE: Second the motion.

DOCTOR GOIN: Is there any discussion?

No discussion. Vote taken. Carried and adopted.

* * *

DOCTOR CHANDLER: **Resolution No. 31,*** introduced by Doctor Carr of San Francisco, County Society Discipline. I will not read the resolution.

Resolution No. 31 undoubtedly was prompted by the relationship between the Sacramento County Medical Society and the California Physicians' Service.

The original action of the Sacramento County Medical Society was in accordance with the act creating the California Physicians' Service.

This action was reconsidered and rescinded at the request of the Council of the California Medical Association. In view of the unfortunate publicity which reflects upon the unity of the California Medical Association which has arisen in connection with this matter, and misunderstanding and misstatement, the House of Delegates should make their attitude perfectly clear. The regulations requiring the cooperation of component county societies of the California Medical Association in actions taken by the House of Delegates are already provided adequately in the Constitution and By-Laws.

We recommend that this resolution *do not* pass.

I move the adoption of this section of the report.

DOCTOR ALEXANDER: I second the motion.

DOCTOR GOIN: Is there any discussion?

No discussion. Vote taken. Carried and adopted.

* * *

DOCTOR CHANDLER: **Resolution No. 32,*** by Doctor Peers and Doctor Empey, dealing with Life Membership, and an amendment to Chapter I of the By-Laws.

After consideration of the intent of this resolution, your committee recommends that it do pass.

I move the adoption of this section of the report.

DOCTOR REINLE: Second the motion.

DOCTOR GOIN: Is there any discussion?

No discussion. Vote taken. Carried and adopted.

* * *

DOCTOR CHANDLER: **Resolution No. 33,*** introduced by Doctor Anderson of Fresno, concerning needy physician members.

There has been a change in the action of the committee since mimeographing. The original resolution is there for you. It is rather long, but deals with the problem of raising funds and providing assistance to the needy members.

Your committee recommends the adoption of the following substitute resolution:

COMMITTEE'S SUBSTITUTE RESOLUTION

Resolved, That Chapter V of the By-Laws of this Association, California Medical Association, be and the same hereby is amended by adding to Chapter V a new section entitled "Section 23," reading as follows:

SECTION 23.—Committee on Aid to Needy Members

The Committee on Aid to Needy Members shall consist of three (3) members whose appointment and terms of office shall be as provided in Section 2 of this Chapter.

The Committee shall be responsible to the Council and the House of Delegates for all of its activities.

The Committee shall administer those funds, of this Association, hereinafter designated as comprising the Special Fund for Aid to Needy Members.

The Committee's administration of said fund shall be subject to the provisions of this section.

* For text of Resolution No. 31, see page 273.

For text of Resolution No. 32, see page 261.

For text of Resolution No. 33, see page 261

(a) The funds which may from time to time be allocated to it, from the general funds of the Association, by the Council, are the funds for this Committee.

(b) All bequests, voluntary contributions, and donations, from any source whatever, that may be received by this Association for the express and implied purpose of aiding needy members, and

(c) All other funds from whatever source derived, except Accounts Receivable, payments and indebtedness to this Association, Dues and Assessments received by this Association, which the payer, donor, or other person transferring the funds, expresses the intent that such funds shall be for aid to needy members.

Funds contained in the Special Fund for Aid to Needy Members, may from time to time be disbursed by the Committee on Aid to the Needy.

Your committee recommends the adoption of this amended resolution.

I move the adoption of this section of the report.

DOCTOR WOOLSEY: I second the motion.

DOCTOR GOIN: Is there any discussion?

No discussion. Vote taken. Carried and the By-Laws are so amended.

* * *

DOCTOR CHANDLER: **Resolution No. 34,*** which is the amendment to Article VIII, Section 1 of the Constitution, submitted at the annual session in Del Monte on May 1, 1939, and therefore, comes up for action at this time.

Your committee submits this amendment without recommendation.

DOCTOR GOIN: What is your pleasure, gentlemen, on the Constitutional Amendment which has been before you for one year?

DOCTOR BULLOCK: I move that we adopt it.

DOCTOR GOIN: Doctor Bullock moved adoption of the amendment to the Constitution. Is there a second?

DOCTOR VOORSANGER: I second the motion.

(Request for reading of Resolution No. 34.)

DOCTOR CHANDLER: The amendment was submitted, as you recall last year, and according to the requirement of the Constitution and By-Laws has to lay over for one year. It was submitted without recommendation, by your committee, under the impression of the committee that that was the proper thing to do; that this is a matter of course; that it is now up for adoption.

It reads as follows:

Resolved, That Section 1 of Article VII of the Constitution of this Association, California Medical Association, be and is hereby amended as follows: by striking out all of the third paragraph of said Section 1 of Article VII, and inserting the following:

The nine district councilors shall be elected as follows: Prior to the time set for the election of district councilors, the delegates of each councilor district for which a councilorship is about to become vacant, shall submit in writing to the Secretary-Treasurer the names of one or more nominees to fill the said vacancy. The Secretary-Treasurer shall transmit the names of such nominee or nominees so submitted to him to the House of Delegates on or before the time set for the election. A vote shall be taken by the House of Delegates upon the nominee or nominees so submitted and, in the event that only one nominee has been submitted, the House of Delegates may, by a majority vote, either elect or refuse to elect said nominee. If the House of Delegates shall reject the sole nominee of the delegates from the councilorship district, concerned, then said delegates must immediately thereafter submit an additional nominee or nominees and the House shall proceed to vote thereon; if there is but one nominee, the House may elect or reject. If, after such time as the Speaker may allow, delegates within such councilor district fail to submit an additional nominee or nominees, the House of Delegates may then proceed to make nominations from the floor of the House and a vote shall then be taken by the House of Delegates to determine who shall be elected to the vacant councilorship. All nominees for district councilorships must be members in good standing, residing within the district in which the vacancy exists.

DOCTOR GOIN: The question is upon the adoption of the constitutional amendment. Doctor Cline!

* For text of Resolution No. 34, see page 262.

DOCTOR CLINE: The reason for this amendment to the Constitution is that four years ago, when we were meeting at Coronado, there arose a situation which did not benefit the good feeling in the Association. At that time there was a councilor district which unanimously nominated, for councilor, a particular candidate. It was seen fit by members from other councilor districts to nominate another candidate, who was subsequently elected. That district felt that thereby it was deprived of its rights of representation.

As an outgrowth of that, a constitutional amendment was submitted the succeeding year, which placed the entire choice of district councilors within the delegation from a particular councilor district. That amendment was defeated, and the basis of its defeat was that a councilor is in actuality an officer of the Association, and therefore, the House of Delegates should have a right to elect or reject such nominees as are brought in. Therefore, last year, after conference with the people who had in the preceding year furthered the rejection of the original proposal, this was drawn as a compromise proposal, which would allow the primary initiation of nomination to reside in the councilor district, and permit the final choice by the House by rejection or election.

One of the objections which had been previously raised was that in such councilor districts, which as but one county with a large enough membership that the county by a majority vote could predominate. It would mean that in that district that county could predominate permanently. Therefore, there is no provision that such nominees as may be brought in, by the councilor districts, have to be by majority vote of the delegates, but any delegate from that councilor district can bring in a nominee for councilor. It seems to be the best compromise solution for a situation which created considerable dissension in the Society four years ago, and ought not to be allowed to recur.

DOCTOR GOIN: The question is on the adoption of the amendment to the Constitution. Are you ready for the question?

DOCTOR VOORSANGER: Mr. Speaker, may I ask a question? We have the word "nine" in here. There may be some day more than nine councilor districts, and if you want to pass a constitutional amendment, I think the word "nine" should be stricken out.

DOCTOR GOIN: The question is on the adoption of the amendment to the Constitution. Are you ready for the question? The Constitution requires that there be a two-thirds majority of those present and voting, to amend.

Standing vote. Amendment carried.

DOCTOR CHANDLER: Mr. Speaker, that concludes our report, but before moving the adoption of the amended report, forgive me for taking liberties, but I want to express the thanks of the committee to the secretarial staff that was assigned to us. They were just grand and I hope you all appreciate the great amount of typing and clerical work that was required in order to get these forms out, in this time and in this shape, and in your hands.

I would also like to say that the committee itself, after finishing its work, felt that the situation at this interval between the First and Second House of Delegates, was not unlike the title of one of Shakespeare's plays—you can figure out which one.

I move the adoption of the amended report.

DOCTOR CLINE: I second the motion.

DOCTOR GOIN: Moved by the committee chairman, and seconded by Doctor Cline. Is there any discussion? The motion is on adoption of the report of the committee, as amended.

No discussion. Vote taken. Committee report is adopted, as amended.

DOCTOR GOIN: Doctor Chandler, I am sure the House of Delegates thanks you and the other members of the

committee for the tremendous amount of work you had to do. I was personally embarrassed to have to assign it all to you. (Applause.)

Mr. Secretary, have we any unfinished business?

DOCTOR KRESS: Mr. Speaker, there is no unfinished business before the House.

DOCTOR GOIN: Doctor Martin!

DOCTOR MARTIN: Mr. Speaker! Members of the House! I should like to ask the unanimous consent of the House of Delegates to propose a resolution of appreciation.

DOCTOR GOIN: Does the House give consent? No objection appearing, you may go ahead, Doctor Martin.

DOCTOR MARTIN:

WHEREAS, Pursuant to the instructions of this House of Delegates at its last annual meeting, California Physicians' Service has been organized and is now a growing concern of twelve thousand members; and

WHEREAS, The enormous amount of work entailed by such organization and operation has been borne by the Trustees, the Medical Directors and the Deputy Medical Directors who have given freely and generously of their time on behalf of our members, and the public weal; now, therefore, be it

Resolved, That this body expresses its sincere appreciation to all whose efforts have made possible this achievement, and is particularly appreciative of the unmeasured devotion of the Secretary of the Service, Dr. Alson Kilgore, upon whose shoulders has devolved a multitude of problems, the solution of which has been possible only because of his unswerving rectitude, sympathetic attitude and unselfish devotion to the highest aims of the organization.

(Applause.)

DOCTOR GOIN: The Chair rules that the resolution was adopted by acclamation.

Members of the House of Delegates, it is now my pleasure and my privilege to present to you the new President of the California Medical Association, Dr. Harry Wilson of Los Angeles. (Applause.)

DOCTOR WILSON: Mr. Speaker and Friends! Some twenty-six years ago, as I walked from the altar with the hand of my lovely bride upon my arm, I was filled with pride and joy, and then a sudden sense of responsibility. Tonight I am filled with those same emotions and thoughts. I am deeply appreciative of the honor that you have bestowed upon me, but I am also filled with a calm assurance that in dealing with the responsibilities, I will be aided and guided by sound, stable, honest, intelligent men, and that I shall have the whole-hearted support and cooperation in the discharge of the trust, during the coming year, by all of the members of the California Medical Association. I thank you, gentlemen. (Applause.)

DOCTOR GOIN: Members of the House of Delegates, I am more than happy to present to you the man who does not need to be presented to you at all—your President-Elect, Dr. Henry Rogers of Petaluma. (Applause.)

DOCTOR ROGERS: Mr. Speaker! Members of the California Medical Association! I deeply appreciate the great honor which you have just conferred upon me. I accept it for myself, not personally, but as an honor conferred upon the country physician. As you well know, I am a country doctor, and I hope that I truly represent my confrères. I am proudest of all that I have been chosen in the belief that I am typical of my group.

As a councilor for many years, I have tried to do my part in representing you. In this new position with which you have honored me, I will continue to do the best of my ability. (Applause.)

DOCTOR GOIN: Your Speaker turns out to be the same fellow, slightly shop-worn and he again thanks you for your expression of confidence. (Applause.)

I am happy to present to you your Vice-Speaker, Dr. E. Vincent Askey of Los Angeles. (Applause.)

DOCTOR ASKEY: Mr. Speaker! Members of the House of Delegates! I am honored by this group to be allowed to follow Dr. John Graves and my good friend Dr. Dewey Powell. I accept your election as a compliment and I also accept the responsibility which you have placed upon me. I thank you very much. (Applause.)

DOCTOR GOIN: You have also elected a lot of new officers, the District and Councilors-at-Large.

Doctor Packard, of the Third District, will you take a bow? (Applause.)

Dr. Stanley Kneeshaw, for the Fifth District. (Applause.)

Dr. John Cline of San Francisco, for the Sixth District. (Applause.)

Dr. John Greene of Vallejo, for the Eighth District. (Applause.)

Dr. Dewey Powell of Stockton, Councilor-at-Large. (Applause.)

Dr. Edward B. Dewey of Los Angeles County, Councilor-at-Large. (Applause.)

The Chair recognizes Dr. W. W. Roblee of Riverside County. Doctor Roblee!

DOCTOR ROBLEE: Mr. Speaker! President Dukes! You have arrived at the end of your career as President of this Association. You've done a darn good job, Charlie. As your immediate predecessor, it is my privilege to present this Certificate, which to some extent tells you what we think of you. (Applause.)

DOCTOR DUKES: Thank you. I never can say enough about Bill, of course. I never can say enough about the generosity of all of you men assembled in the entire membership of the California Medical Association for honoring me. It is the greatest honor that can come to any man in the medical profession, and I assure you I appreciate it. Thank you. (Applause.)

DOCTOR GOIN: Before we proceed to the approval of the minutes, I have been asked to make two announcements.

The Council will meet tomorrow at 9 o'clock in the Patio Dining Room, where the Council has met previously. It is on the right hand side of the Patio on the ground floor.

President Wilson has asked me to ask the Public Relations Committee to meet in that room immediately following this meeting.

The next order of business is the approval of the minutes. The Chair will entertain a motion that the President, the Speaker and the Secretary edit the minutes for publication. Do I hear such a motion?

DOCTOR LEE: I will make that motion.

DOCTOR KIGER: I second the motion.

DOCTOR GOIN: Are you ready for the question?

Vote taken. Motion carried. So ordered.

DOCTOR GOIN: Is there any further business to come before the House? Doctor Palette!

DOCTOR PALLETTE: This is impromptu but I move, Mr. Chairman, a vote of thanks to the local committee and the ladies of the Auxiliary for the most beautiful entertainment at this convention. (Applause.)

DOCTOR GOIN: The motion was seconded by Doctor Chandler of San Francisco, and unanimously carried.

Is there any further business to come before the House? (No further business.)

A motion to adjourn is in order.

DOCTOR RUDDOCK: I move we adjourn.

DOCTOR CLINE: I second the motion.

DOCTOR GOIN: Moved by Doctor Ruddock, seconded by Doctor Cline, that the House adjourn *sine die*.

The House of Delegates stood adjourned at 11:30 p. m.

LOWELL S. GOIN, *Speaker*.

GEORGE H. KRESS, *Secretary*.

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Two Hundred and Eighty-Third (283rd) Meeting of the Council of the California Medical Association

Held in the Patio Dining Room, Hotel del Coronado, Coronado, California, Sunday, May 5, 1940, at 8 p. m.

1. Call to Order.

The meeting was called to order by Vice-Chairman Charles A. Dukes. The following members were present: Charles A. Dukes, President; Harry H. Wilson, President-Elect; William W. Roblee, Past President; Lowell S. Goin, Speaker; Councilors Calvert L. Emmons, George D. Maner, Louis A. Packard, Axel E. Anderson, Oliver D. Hamlin, Frank A. MacDonald, Henry S. Rogers, C. O. Tanner, William H. Kiger, P. K. Gilman, E. Earl Moody, Elbridge J. Best, F. N. Scatena; George G. Reinle, Chairman of Committee on Public Relations; George H. Kress, Secretary-Treasurer; Legal Counsel Hartley F. Peart and his associate, Mr. Howard Hassard.

Absent: Karl L. Schaupp.

2. Minutes of the Council.

Minutes of the 282nd meeting of the Council were presented and, upon motion duly made and seconded, were approved as published in the April issue of CALIFORNIA AND WESTERN MEDICINE. The Secretary stated that the minutes of the executive session of the 282nd meeting of the Council, as mailed to all Councilors, would be included in the official copy of the minutes on file in the Association offices.

3. Requests from Conference of County Society Secretaries.

(a) Robert A. Peers appeared before the Council stating that, as chairman of the meeting of May 4, he had been delegated by the Conference of County Society Secretaries to appear before the Council and request favorable consideration of the amendments providing for life membership in the California Medical Association.

(b) Dr. J. N. Chain of Humboldt County, speaking likewise as a representative of the Secretarial Conference, asked that some action be taken regarding the corporate practice of medicine by medical-service groups operating on a for-profit basis, with particular reference to certain conditions existing in Humboldt County.

(c) Dr. George Rohrbacher, also on behalf of the Secretarial Conference, spoke on the subject of lodge practice as carried on in the San Joaquin Valley counties, expressing the hope that the Council would be able to institute supportive measures to aid in the elimination of this evil.

General Counsel Peart commented on the corporate practice of medicine, and it was agreed that Doctors Maner, Chain, Rohrbacher, and Mr. Peart should discuss the matter with the legal authorities of the State, upon whom devolve the responsibility of prosecution of violations of the Medical Practice Act.

4. Financial Statements.

The financial statement for the month of April, 1940, was presented and, there being no objection, was approved.

The Secretary called attention to the payment on April 27 of the loan of \$10,000 to California Physicians' Service, which had been authorized by the Council on January 6, 1940.

5. Budget.

The budget of the Association for the year 1941, as prepared by the Auditing and Executive Committees, was presented and copies distributed to the Councilors. The Secretary stated that this budget, as tentatively approved by the Council, was based on the present annual dues of

\$10; and in the event that the annual dues were changed by the House of Delegates, some revisions in income and unexpended balance might be necessary. Upon motion, duly made and seconded, it was voted to submit the budget to the House of Delegates.

6. Retired Membership.

Membership data and requests from component county societies that retired membership in the California Medical Association be granted to certain members were presented.

On motion of Harry H. Wilson, seconded by A. E. Anderson, Charles W. Anderson, Bishop, a member of the Los Angeles County Medical Association, and S. F. Priestly of Stockton, a member of the San Joaquin County Medical Society, were granted retired membership in the California Medical Association.

The Secretary stated that correspondence was being carried on with the Los Angeles County Medical Association regarding the eligibility of Doctors J. H. Heerman and Z. T. Malaby to retired membership in the California Medical Association.

7. County Society Membership.

(a) The question of membership of a physician residing and having his major office in one county, and holding membership in the Association through an adjoining county medical society, arose in connection with a case in point, involving Los Angeles and Ventura County Medical Societies.

(b) Correspondence from a physician holding membership in a constituent state medical association of the American Medical Association, and who had been refused membership in a component medical society in California, was called to the attention of the Council, the opinion expressed being that the issues involved were not within the jurisdiction of the California Medical Association, because, under the Constitution and By-Laws of the Association, all questions relating to applications for membership are exclusively within the control of each component county society.

8. Council Report.

Consideration was had of the report of the Council as published in the "Pre-Convention Bulletin." In accordance with a letter from Karl L. Schaupp objecting to the phraseology in item marked "Third" in the Council's sub-section on Survey of Association Offices, a revision of this section was made, to be submitted to the House of Delegates.

Doctor MacDonald was instructed to submit a paragraph on the reorganization of county societies within his district.

It was moved by Harry Wilson, seconded by Lowell S. Goin, that a committee of three be appointed to review the report and present recommendations to the Council at its meeting on Monday. Carried.

The committee appointed consisted of Harry H. Wilson (chairman), Frank A. MacDonald, and Elbridge J. Best.

9. Delegates to the American Medical Association.

Vacancies; Codification of the Code of Ethics; Needy Physicians.

(a) The Secretary reported that, by mail vote of the Council, Dr. Charles A. Dukes had been elected delegate to the American Medical Association to fill the vacancy caused by the inability of Delegate Robert A. Peers and his alternate, F. F. Gundrum, to attend the New York session of 1940.

It was reported that Alternate Frank R. Makinson would serve for Delegate George G. Reinle; and Alternate Bon O. Adams would serve for Delegate Lyell C. Kinney.

(b) It was moved by Lowell S. Goin, seconded by George G. Reinle, that the delegates to the American Medical Association be instructed to again attempt to

secure a recodification of the American Medical Association Code of Ethics. Carried.

(c) It was moved by A. E. Anderson that the California Medical Association delegates to the American Medical Association be instructed to introduce a resolution recommending that the American Medical Association appoint a national committee to report on a plan for the care of needy physicians. Carried.

10. Reference Committees of House of Delegates.

The Secretary announced that the Speaker had appointed the following Reference Committees:

Reference Committee on Resolutions, Amendments to the Constitution and By-Laws, and New and Miscellaneous Business—L. R. Chandler, Chairman, San Francisco; Russel V. Lee, Palo Alto; and John C. Ruddock, Los Angeles.

Committee on the Report of the Council and the Report of the Secretary-Treasurer—H. E. Henderson, Chairman, Santa Barbara; F. E. Toomey, San Diego; and A. A. Alexander, Oakland.

Reference Committee on Reports of Officers and Standing Committees—Lyle G. Craig, Chairman, Los Angeles; G. Wendell Olson, Fullerton, and Lucas W. Empey, Roseville.

Credentials Committee—G. W. Walker, Chairman, Fresno; Walter S. Cherry, San Bernardino; and J. F. Doughty, Tracy.

11. California Physicians' Service.

Alson R. Kilgore, Secretary of California Physicians' Service, outlined the activities of the California Physicians' Service to the Council. Doctor Kilgore stated that a more satisfactory selling organization had been set up; that Dr. A. C. Larson had been employed as medical director; and that conferences were being held with governmental authorities responsible for the care of citizens on relief.

Dr. Samuel Ayres, trustee of California Physicians' Service, then outlined the studies that had been made for possible care through California Physicians' Service of citizens who were receiving governmental aid.

Discussion was had of the financing of California Physicians' Service through voluntary contributions from the medical profession. The importance of the whole-hearted support of the medical profession was stressed.

12. Next Annual Session.

Preliminary to an invitation that the California Medical Association hold its annual session of 1941 at Hotel Del Monte, Mr. Winslow, a representative, outlined sketches of possible changes in construction whereby increased facilities would be available. The Association Secretary spoke on his recent conferences with the Hotel authorities in regard to the prospective changes, which it was hoped would be instituted, unless war conditions should prevent.

13. Letter from Karl L. Schaupp.

President Dukes presented a letter received from Karl L. Schaupp, Chairman of the Council, suggesting certain changes in the organizational setup.

It was moved by William W. Roblee, seconded by Lowell S. Goin, that the letter be referred to a Committee of Three with instructions to review the letter and make recommendations to the Council at its next meeting. Carried.

The Committee appointed consisted of Doctors Best, Powell, and Maner.

14. Resignation of C. Kelly Canelo.

The resignation of C. Kelly Canelo, Councilor of the Fifth District, was presented to the Council.

It was moved by George Maner, seconded by Axel Anderson, that the resignation of C. Kelly Canelo, as councilor of the Fifth District, be accepted with regret, and that, as suggested in his letter, the delegates of the Fifth

District be requested to nominate a successor, whose name would be presented to the House of Delegates.

15. 1943 Session of the American Medical Association.

The San Francisco County Medical Society's resolution inviting the American Medical Association to hold its 1943 meeting at San Francisco was presented, together with a request from the San Francisco Convention and Tourist Bureau, asking that the California Medical Association likewise extend such an invitation to the American Medical Association.

It was moved by P. K. Gilman, seconded by E. Earl Moody, that the California Medical Association invite the American Medical Association to hold its annual session of 1943 in San Francisco. Carried.

16. County Societies: Butte-Glenn; Yuba-Sutter-Colusa; and Yolo.

Frank A. MacDonald, Councilor of the Eighth District, reported on the proposed redistricting of certain societies within his jurisdiction, which had received the sanction of the counties concerned.

The plans proposed, which had been approved by the respective counties involved, would provide:

(1) That physicians practicing in Glenn County would be districted with physicians of Butte County, to form the Butte-Glenn County Medical Society;

(2) That Colusa County physicians would join with Yuba-Sutter physicians, to form the Yuba-Sutter Colusa County Medical Society;

(3) That Yolo County would have a separate county society, to be known as the Yolo County Medical Society, and composed of physicians residing in that county.

On motion of George G. Reinle, duly seconded, the report of Councilor MacDonald was accepted for inclusion in the Council report for submission to the House of Delegates, with the recommendation that new charters be granted the various component county societies as above outlined.

17. Councilor District Reapportionment.

The report of the Special Committee on Redistricting the Councilor Districts was presented. The question of removing the counties of Mono and Inyo from the Second District and placing them in the Third Councilor District was discussed. It was felt that an effort should first be made to learn the wishes of the members in the counties involved before definite action was taken.

18. Duties of Councilors at Large.

The Council approved the recommendations of the Committee that rules be established whereby councilors-at-large would take on more responsibilities concerning visitations to component county societies lying in their respective geographical areas, to the end that, like the District Councilors, they also would maintain active contacts with component county units.

19. Committee on Revision of Constitution and By-Laws.

George Maner, Chairman of the Committee on Revision of the Constitution and By-Laws, reported that the Committee had reviewed fifteen or twenty constitutions and by-laws of various state societies and that, as a result of its studies, the Committee realized that the revision of the Constitution and By-Laws was a momentous task and requested that the Committee be continued. Doctor Maner reported that the General Counsel had drafted several amendments in accordance with requests of the Council and certain special committees, and that such amendments had been considered by the Committee on Revision of By-Laws.

It was moved by George Maner, seconded by George G. Reinle, that the Committee be continued and that a report

covering complete revision of the Constitution and By-Laws be submitted to the next House of Delegates in 1941. Carried.

20. Standing Committee Membership.

On motion of Harry H. Wilson, seconded by A. E. Anderson, a special committee on review of the membership of Standing Committees was appointed, with instructions to report its recommendations at the next meeting of the Council. Carried.

The Chairman appointed A. E. Anderson, Chairman; and Calvert L. Emmons and George G. Reinle.

21. Recess.

At this point a recess of the Council was called to permit a meeting of the Trustees Of The California Medical Association.

22. Reconvening of Council.

After the recess, the Council reconvened and proceeded with consideration of other items on its docket.

23. Proposed Section on Orthopedic and Traumatic Surgery.

The request of the Western Orthopedic Association that a section on orthopedic and traumatic surgery be established was read. The Secretary stated that he had advised the officers of the Association concerning the procedure provided in the By-Laws for the establishment of scientific sections of the State Association.

24. Indemnity Defense Fund.

The legal opinion of Mr. Peart, addressed to the members of the Trustees Of The California Medical Association, was considered. Mr. Peart's opinion concerned a proposed loan of a portion of the funds of the Indemnity Defense Fund to the Trustees Of The California Medical Association, said loan, if and when made, to be used as provided by previous resolutions of the Council for a proposed loan to California Physicians' Service.

It was moved by Louis A. Packard, seconded by Harry H. Wilson, that Dr. Lemuel P. Adams of Oakland, a trustee of the Medical Indemnity Fund, be requested to ask his personal attorney, who had advised him concerning his duties as a trustee, to confer with Mr. Peart, legal counsel of the California Medical Association. Carried.

25. Adjournment.

There being no further business the meeting adjourned until Monday, May 6.

CHARLES A. DUKES, *Vice-Chairman.*

GEORGE H. KRESS, *Secretary.*

* * *

Minutes of the Two Hundred and Eighty-Fourth (284th) Meeting of the Council of the California Medical Association

Held in the Patio Dining Room, Hotel del Coronado, Coronado, California, Monday, May 6, 1940, at 9 a. m.

1. Roll Call.

The meeting was called to order by Vice-Chairman Dukes, with the following members present: Charles A. Dukes, President; Harry H. Wilson, President-Elect; William W. Roblee, Past President; Lowell S. Goin, Speaker; Councilors Calvert L. Emmons, George D. Maner, Louis A. Packard, Axel E. Anderson, Oliver D. Hamlin, Frank A. MacDonald, Henry S. Rogers, C. O. Tanner, William H. Kiger, P. K. Gilman, E. Earl Moody, Elbridge J. Best, F. N. Scatena; George G. Reinle, Chairman of Committee on Public Relations; George H. Kress, Secretary-Treasurer; Legal Counsel Hartley F. Peart and his associate, Mr. Howard Hassard.

Absent: Karl L. Schaupp.

2. Membership.

A request was submitted from Dr. William H. Eaton of Kern County, in which he asked the privilege of the floor of the Council to speak on his membership status in the California Medical Association.

It was moved by Doctor Packard, seconded by Doctor Reinle, that a committee, consisting of Doctors Dukes and Best, be appointed to go over the files and records of the case and report back to the Council. Carried.

Dr. W. H. Eaton then addressed the Council, explaining why he felt his membership in the Association should be reestablished.

3. Report of the Council.

Harry H. Wilson submitted a tentative report on the draft of a proposed plan of department responsibilities within the Council, to be tried out during the coming year. It was proposed that the plan be presented to the House of Delegates. It was suggested that this Council recommend to the incoming Council that it adopt some such form of organization of the Council, to learn whether it would not make for a more efficient supervision and management of Association activities.

It was moved by Elbridge J. Best, seconded by Henry S. Rogers, that the Council recommend to the House of Delegates that the dues be fixed at \$20 per year for 1941.

Discussion was then had of the letter addressed to the Council by Karl L. Schaupp. Elbridge Best submitted a written report thereon for consideration by the Council.

In discussing the report of the special committee on survey of the offices, Doctor Maner stated that he wished to go on record as not being a candidate for the position of editor.

A change in the reading of paragraph "Third" in the Survey report was then made to read: "An executive secretary or business manager should be employed as business manager of the office, to be business manager of CALIFORNIA AND WESTERN MEDICINE, etc., this individual to be either a layman or a doctor of medicine. The duties to be defined by the Council from time to time. The majority favored a trained business layman with organization background."

4. Adjournment.

The Council adjourned to meet at 11:30 a. m., Tuesday, May 7, 1940.

CHARLES A. DUKES, *Vice-Chairman.*

GEORGE H. KRESS, *Secretary.*

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Minutes of the Two Hundred and Eighty-Fifth (285th) Meeting of the Council of the California Medical Association

Held in the Patio Dining Room, Hotel del Coronado, Coronado, California, Tuesday, May 7, 1940, at 11:30 a. m.

1. Call to Order.

The meeting was called to order by Vice-Chairman Charles A. Dukes, with the following members present: President Charles A. Dukes, Past President William W. Roblee; Councilors Elbridge J. Best, Frank A. MacDonald, F. N. Scatena, William H. Kiger, George D. Maner, P. K. Gilman, C. O. Tanner, A. E. Anderson, E. Earl Moody, C. L. Emmons, O. D. Hamlin; Speaker Lowell S. Goin; George G. Reinle, Chairman of Committee on Public Relations; George H. Kress, Secretary-Treasurer; Hartley F. Peart, Legal Counsel.

Absent: Karl L. Schaupp.

2. Standing Committee Memberships.

Axel E. Anderson, Chairman of the Special Committee appointed by the Council to review the vacancies in the

memberships of all standing committees, submitted recommendations to the Council for discussion. The personnel of each committee was then considered and the following report was approved for submission to the House of Delegates:

Committee on Associated Societies and Technical Groups

John V. Barrow (chairman), Los Angeles..... 1943
Edwin L. Bruck, San Francisco..... 1941
Willard H. Newman, San Diego..... 1942

Committee on Health and Public Instruction

J. C. Geiger, San Francisco..... 1943
Roy E. Thomas (chairman), Los Angeles..... 1941
William Dock, San Francisco..... 1942

Committee on History and Obituaries

Hyman Miller, Los Angeles..... 1943
Frank R. Makinson (chairman), Oakland..... 1941
J. Marion Read, San Francisco..... 1942
Secretary ex officio
Editor ex officio

Committee on Hospitals, Dispensaries, and Clinics

Benjamin W. Black, Oakland..... 1943
George I. Dawson, Napa..... 1941
J. Norman O'Neill (chairman), Los Angeles..... 1942

Committee on Industrial Practice

G. H. Sanderson, Stockton..... 1943
Morton R. Gibbons, San Francisco..... 1941
Donald Cass (chairman), Los Angeles..... 1942

Committee on Medical Defense

Lewis T. Bullock, Los Angeles..... 1943
George G. Reinle (chairman), Oakland..... 1941
William J. Van Den Berg, Sacramento..... 1942

Committee on Medical Economics

Edward C. Pallette, Los Angeles..... 1943
John H. Graves (chairman), San Francisco..... 1941
L. W. Hines, Santa Rosa..... 1942

Committee on Medical Education and Medical Institutions

Fred Kruse, San Francisco..... 1943
B. O. Raulston, Los Angeles..... 1941
L. R. Chandler (chairman), San Francisco..... 1942

Committee on Membership and Organization

A. J. Cooper, San Diego..... 1943
George D. Maner (chairman), Los Angeles..... 1941
Dewey R. Powell, Stockton..... 1942

Committee on Postgraduate Activities

Dwight L. Wilbur (chairman), San Francisco..... 1943
F. E. Clough, San Bernardino..... 1941
H. E. Henderson, Santa Barbara..... 1942

Committee on Publications

George W. Walker, Fresno..... 1943
A. A. Alexander, Oakland..... 1941
Francis E. Toomey (chairman), San Diego..... 1942

Committee on Public Policy and Legislation

E. T. Remmen, Glendale..... 1943
Junius B. Harris (chairman), Sacramento..... 1941
T. Henshaw Kelly, San Francisco..... 1942

President ex officio

President-Elect ex officio

Committee on Scientific Work

George H. Kress, Secretary of the California Medical Association (chairman) ex officio..... 1941
Lemuel P. Adams, Oakland..... 1943
J. Homer Woolsey, Woodland..... 1941
Howard F. West, Los Angeles..... 1942
Secretary of Section on General Medicine ex officio
Secretary of Section on General Surgery ex officio

3. Cancer Commission.

Report was made that the Cancer Commission had elected, as chairman, Charles A. Dukes of Oakland, and as secretary, Otto H. Pflueger of San Francisco. Lyell C. Kinney was reappointed a member of the Commission.

4. Place of Next Annual Session.

Letter from the Monterey County Medical Society, inviting the California Medical Association to hold its next annual session at Del Monte, was presented.

Mr. Winslow, representative of Hotel Del Monte, outlined the facilities of the Hotel and submitted a blueprint

and written tables in which increased space, which it was hoped would be available in 1941, were outlined.

It was moved by William H. Kiger, seconded by Lowell S. Goin, that the 1941 annual session of the California Medical Association be held at Del Monte. Carried.

5. Time of Next Council Meeting.

The next meeting of the Council was set for Wednesday, May 8, 1940, at 3:45 p. m.

6. Adjournment.

There being no further business the meeting adjourned.

CHARLES A. DUKES, *Vice-Chairman*.
GEORGE H. KRESS, *Secretary*.

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Minutes of the Two Hundred and Eighty-Sixth (286th) Meeting of the Council of the California Medical Association

Held in the Crown Room of Hotel del Coronado, Coronado, California, Wednesday, May 8, 1940, at 3:45 p. m.

1. Call to Order.

The meeting was called to order by Vice-Chairman Charles A. Dukes.

Present: Charles A. Dukes, President; Harry H. Wilson, President-Elect; William W. Roblee, Past President; Lowell S. Goin, Speaker; Councilors Calvert L. Emmons, George D. Maner, Louis A. Packard, Axel E. Anderson, Oliver D. Hamlin, Frank A. MacDonald, Henry S. Rogers, C. O. Tanner, William H. Kiger, P. K. Gilman, E. Earl Moody, Elbridge J. Best, F. N. Scatena; George G. Reinle, Chairman of Committee on Public Relations; George H. Kress, Secretary-Treasurer; Legal Counsel Hartley F. Peart and his associate, Mr. Howard Hassard.

Absent: Karl L. Schaupp.

Dr. Mast Wolfson, President of the Monterey County Medical Society, explained the proposed plans of the Hotel Del Monte, whereby the meeting room and exhibit space facilities would be considerably enlarged. The proposed changes met with general approval.

2. Adjournment.

In view of the convening of the House of Delegates at 4 p. m., and since there was no business demanding immediate consideration by the Council, the Council adjourned to meet at 9 a. m., Thursday, May 9, 1940.

C. A. DUKES, *Vice-Chairman*.
GEORGE H. KRESS, *Secretary*.

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Minutes of the Two Hundred and Eighty-Seventh (287th) Meeting of the Council of the California Medical Association

Held in the Patio Dining Room, Hotel del Coronado, Coronado, California, Thursday, May 9, 1940, at 9 a. m.

1. Call to Order.

The meeting was called to order by the acting chairman, Charles A. Dukes, with the following members present: President Harry H. Wilson, President-Elect Henry S. Rogers, Speaker Lowell S. Goin, Past President Charles A. Dukes; Councilors C. O. Tanner, O. D. Hamlin, Frank A. MacDonald, R. Stanley Kneeshaw, Edward B. Dewey, Elbridge J. Best, J. W. Cline, George D. Maner, E. Earl Moody, P. K. Gilman, Calvert L. Emmons, Axel E. Anderson, Dewey R. Powell, Louis A. Packard, John W. Green; Chairman of Committee on Public Relations Committee George G. Reinle, Secretary-Treasurer George H. Kress, and Legal Counsel Hartley F. Peart and his associate, Mr. Howard Hassard.

2. Introduction of New Members of Council.

The Chairman introduced the newly elected members of the Council: R. Stanley Kneeshaw, Councilor of the Fifth District; Edward B. Dewey, Councilor-at-Large; John W. Cline, Councilor of Sixth District; John W. Green, Councilor of Ninth District; Dewey R. Powell, Councilor-at-Large.

3. Committee on Public Relations.

Chairman Reinle of the Committee on Public Relations stated that no meeting of the Committee had been held at Coronado, but that he had instructed the Secretary to call such a meeting within thirty days in conformity with the By-Laws.

4. Election of Chairman of the Council.

On nominations duly made, P. K. Gilman and Charles A. Dukes were nominated for chairman of the Council.

Two ballots were then taken. Philip K. Gilman having received the majority of the votes cast, was declared elected as chairman of the Council for the ensuing year.

5. Vice-Chairman of Council.

Elbridge J. Best nominated Harry H. Wilson as vice-chairman of the Council. The nomination was seconded by C. A. Dukes. There being no further nominations, the acting chairman announced the election of Harry H. Wilson as vice-chairman of the Council for the ensuing year.

6. Executive Session.

At this point, on motion of Harry H. Wilson, seconded by R. Stanley Kneeshaw, the Council went into executive session.*

The Council proceeded to consider the election of an editor, a secretary-treasurer, and a general counsel for the ensuing year.

After discussion, upon motion duly made, seconded and carried, it was

Resolved, That Dr. George H. Kress be elected editor of CALIFORNIA AND WESTERN MEDICINE for a period of one year from this date, at a salary of \$4,000 per annum.

The Chairman of the Council declared a short recess. The meeting reconvened, a quorum present.

After discussion and upon motion duly made, seconded and carried, it was

Resolved, That Dr. George H. Kress be elected secretary-treasurer of the California Medical Association until the end of the next annual session, and that his salary be \$666.66 per month for such office, payable on a month-to-month basis, with the understanding that, upon the approval of the reorganization plan and re-definition of duties of the secretary-treasurer's office, such compensation be subject to revision, this resolution to become effective upon its acceptance by Doctor Kress; and be it further

Resolved, That the date of reorganization and adjustment of salary be not later than the September or fall meeting of the Council.

Dr. George H. Kress was then consulted and was informed of the action of the Council in the matter of his election as editor and in the matter of his election as secretary-treasurer and the terms of his compensation for each of said offices. Doctor Kress accepted his appointment and election subject to the terms of the foregoing resolutions.

Upon motion duly made, seconded and carried, it was

Resolved, That this Council authorize and instruct Dr. Harry H. Wilson to make a study of the Association offices and report back to the Council suggestions for reorganization not later than the fall meeting of the Council.

Upon motion duly made, seconded and carried, it was

Resolved, That complete authority be given the Secretary-Treasurer in the engaging and terms and conditions of the office personnel, subject to the approval of a committee of

* A digest of the minutes of the executive session appears herewith. The complete minutes are on file in the official records in the headquarters office in San Francisco.

three, consisting of the President-Elect, Chairman of the Council, and the President, until reorganization is effected.

The matter of appointment of the General Counsel and Associate Counsel was then discussed.

Upon motion duly made, seconded and carried, it was

Resolved, That General Counsel Hartley F. Peart be reappointed as general counsel of this Association, California Medical Association, for a period of one year from this date, and that his retainer and secretarial allowance be the same as during the past year, namely, \$333.33 per month retainer and \$75 per month secretarial allowance, payable on a month-to-month basis, with understanding that, upon the approval of the reorganization plan and re-definition of duties, such compensation be subject to revision, this resolution to become effective upon its acceptance by Mr. Peart; and be it further

Resolved, That Associate Counsel Hubert T. Morrow be reappointed as such associate counsel for a period of one year, without retainer.

Mr. Peart was thereupon consulted and informed of the terms of the foregoing resolution and signified his acceptance of the same.

The Council then considered the matter of associate editors of CALIFORNIA AND WESTERN MEDICINE.

Upon motion duly made, seconded and carried, it was

Resolved, That Dr. Robert S. Kneeshaw* and Dr. E. Earl Moody* be and they hereby are elected associate editors of CALIFORNIA AND WESTERN MEDICINE.

P. K. GILMAN.

7. Date of Next Council Meeting.

On motion of Lowell S. Goin, seconded by Elbridge J. Best, the next meeting of the Council was fixed for Saturday, June 29, 1940, at San Francisco.

8. Basic Science Act.

The Secretary and the Legal Counsel were instructed to check over the basic science act and draft constitutional amendments for presentation to the Legislature, if deemed advisable by the Council or the Committee on Public Policy and Legislation.

9. Committee on Public Relations.

It was moved by Harry H. Wilson, seconded by Lowell S. Goin, that the Secretary call a meeting of the Public Relations Committee at a date not later than May 25th.

10. Delegates to the American Medical Association.

It was moved by Lowell S. Goin, seconded by Louis A. Packard, that the Council instruct the delegates to the American Medical Association to again attempt to secure a recodification of the principles of medical ethics.

At this point the opinion was expressed that the California Medical Association delegates to the American Medical Association be notified through the regular channel of the Secretary's office on matters that they should bring to the attention of the House of Delegates of the American Medical Association: Needy members; Section on Anesthesiology; Recodification of Ethics; Invitation to the American Medical Association to hold its 1943 meeting in San Francisco.

11. Resolution of Appreciation.

It was moved by Harry H. Wilson, seconded by George D. Maner, that the Council express to Karl L. Schaupp its deep appreciation of his untiring services as a member of the Council and as chairman of the Council, and its regret at the loss of his services.

12. Adjournment.

There being no further business the meeting adjourned.

P. K. GILMAN, *Chairman*.

GEORGE H. KRESS, *Secretary*.

* Doctors R. Stanley Kneeshaw and E. Earl Moody have submitted their resignations as associate editors.

COUNTY SOCIETIES†

KERN COUNTY

The Kern County Medical Society held a regular meeting at the Bakersfield Firehouse Auditorium on the evening of April 18, when Dr. C. S. Compton presided. The Secretary announced that Dr. Moses Thorne of Bakersfield had been elected to membership.

Dr. Keith McKee spoke briefly concerning the Community Chest, and various members expressed themselves as to this community activity.

Dr. Lloyd Fox then introduced Dr. Lowell S. Goin of Los Angeles, who spoke on the *X-ray Treatment of Carcinoma of the Urinary Bladder*. Excellent colored motion pictures, depicting the technique of this new method, were shown, with explanations by Dr. Eugene Hoffman, also of Los Angeles.

ERIC COLBY, *Secretary*.

SAN JOAQUIN COUNTY

The regular meeting of the San Joaquin County Medical Society was held on May 2 in the Medico-Dental club-rooms, Stockton, preceded by the customary supper at the Hotel Wolf, at which Vice-President Ray Owens presided. There were eighteen members and guests present. Doctor Eccleston gave an illustrated talk on a recent trip to Tulane University in New Orleans.

The meeting was called to order by Vice-President Ray Owens at 8:20 p. m. A petition of Doctor Dyar was read and referred to the Admissions Committee. Doctor Owens then announced that the June meeting of the Society would be held at Pete's Place at Valley Springs, and appointed Doctors Dewey Powell and A. K. Merchant as a committee of two to organize the caravan from Stockton. Doctor Wever reported that the dinner for the medical dental, and legal groups would be held at the Country Club in Stockton on May 24.

The paper of the evening was presented by Dr. Clarke M. Johnson, who spoke on *Diagnosis and Treatment of Renal and Vesicle Injuries*. This was illustrated by lantern slides and evoked considerable discussion from the floor. There being no further business to come before the Society, the meeting was declared adjourned at 9:15, after which refreshments were served.

G. H. ROHRBACHER, *Secretary*.

SHASTA COUNTY

The regular monthly meeting of the Shasta County Medical Society was held at the Golden Eagle Hotel in Redding at 6:30 p. m. on March 8, when the following members were present: Doctors Gerrard, Hansen, Kahn, Marchus, Mosher, Murphy, Pratt, Rowell, Saylor, and Trelstad. The following visitors were in attendance: Doctors Kehoe, Jantzen and Lubin of Redding, Doctor Mayers of Fall River Mills, Doctor Schmidt, and Mr. Wellington from the Lederle Laboratories at San Francisco.

The meeting was called to order by President Gerrard. Following the dinner, Doctor Schmidt addressed the Society on *Treatment of Pneumonia*. A moving picture was used to demonstrate the results from various types of treatment, and the use of the newer drugs and serums.

The business meeting followed the program. The applications of Doctors Briggs, Jantzen, Mayers, and White-side were read and referred to the Committee on Credentials for investigation and recommendation.

The certificate of transfer of Dr. James B. Cutter from Santa Cruz County Medical Society was read. He was accepted as a member of our Society.

† For roster of officers of component county medical societies, see page 4 in front advertising section.

A discussion was held in regard to authorizing the Secretary to respond to requests from the American Medical Association, California Medical Association, and allied groups, stating the stand of the Society on legislative and judicial issues under consideration. In view of the fact that such matters require immediate attention, authority was given the Secretary, with the approval of the President and the Vice-President, to respond to requests which appear to be important, stating a definite stand of the Society.

The members expressed a desire to have a pediatrician address the Society at the April meeting.

B. L. TRELSTAD, *Secretary.*



VENTURA COUNTY

The regular meeting of the Ventura County Medical Society was held at Satcoy on Tuesday, April 9, with Doctor Barker presiding and twenty members and five guests present.

Doctor Barker introduced Dr. Harry Wilson, President-Elect of the California Medical Association, who spoke on *Association affairs, malpractice insurance, California Physicians' Service, health insurance, Speakers' Bureau, special assessment, and the National Physicians' Committee.*

Doctor Strong then presented Dr. Joseph Boyes of Los Angeles, who spoke on *Fractures of the Fingers and Wrists.*

A motion was made, seconded and carried, that \$10 be allowed for a small addressograph, and that \$5 be authorized for fifty copies of "On the Witness Stand."

Dr. W. Sterling Clark will act as program chairman for May.

A. A. MORRISON, *Secretary.*

CHANGES IN MEMBERSHIP

New Members (64)

Alameda County

William B. MacCracken, *Berkeley*
John J. Melvin, *Oakland*
Thomas T. Roller, *Alameda*

Contra Costa County

Vernon E. Greer, *Galt*

Kings County

Earl Hagen, *Hanford*

Los Angeles County

Frederic L. Baer, *Beverly Hills*
Merrill G. Barmore, *Whittier*
Reid L. Beers, *Glendale*
Mary F. Bigler, *Los Angeles*
Milo B. Brooks, *Los Angeles*
C. Edgerton Carter, *Los Angeles*
Ambrose S. Churchill, *Los Angeles*
Frederick G. Clark, *Los Angeles*
Franz L. Engelman, *Los Angeles*
Daniel B. Esterly, *Pasadena*
George W. Frankel, *Los Angeles*
Victor Goldberg, *Long Beach*
Henry H. Henstell, *Los Angeles*
Harold J. Hoxie, *Los Angeles*
L. A. J. La Motte, *Los Angeles*
H. Veazie Markham, *Los Angeles*
Stephen E. McKenna, *Los Angeles*
Arthur J. Mendenhall, *Los Angeles*
Philip J. Miller, *Santa Monica*
E. Reed Oakley, *Pasadena*
Fred A. Polesky, *Los Angeles*
Walter F. Schwartz, *Pasadena*
Sidney F. Shear, *Los Angeles*
Harry Singer, *Los Angeles*

Edwin J. Smith, *Hondo*
Charles W. Stewart, *Los Angeles*
Matthew C. Sturdevant, *Glendale*
Walter L. Taylor, *Los Angeles*
Julius N. Van Meter, *Monrovia*
Erle B. Woodward, *Monrovia*

Monterey County

Dixi Bingaman, *Salinas*
Lester L. Blount, *Spreckels*
Russell D. Williams, *Monterey*

Riverside County

John H. Austin, *Banning*
J. F. Barnard, *Arlington*
Oliver B. Barron, *Hemet*
Lewis C. George, *Arlington*
Elmer A. Hankins, *Riverside*
Denson B. Wheelis, *Arlington*

San Bernardino County

James H. Beggs, *Ontario*

San Diego County

Durwin H. Brownell, *San Diego*
Henry M. Cuneo, *National City*
Alvin H. Lorch, *San Diego*
Hugo Lucie, *San Diego*
William M. Wilson, *National City*

San Francisco County

Joseph Auerbach, *San Francisco*
David Lee Bassett, *San Francisco*
Gerson R. Biskind, *San Francisco*
Miriam Miller, *San Francisco*
Dorothy L. Morse, *San Francisco*
Kenneth G. Rew, *San Francisco*
James G. Terry, *San Francisco*

San Joaquin County

Louis L. Ghiglieri, *Stockton*
Edmund P. Halley, *Stockton*
Helen L. Starbuck, *Stockton*

Santa Barbara County

Sanji Oda, *Santa Barbara*

Ventura County

Julius J. Renger, *Ventura*
Marian Swezey Renger, *Ventura*

Yolo-Colusa-Glenn County

John G. O'Hara, *Woodland*

Transfers (7)

Amy C. Barton, from Humboldt County to Lassen-Plumas-Modoc County.

Louis H. Chaiken, from Santa Clara County to New Jersey State Association.

Mark Gerstle, Jr., from San Francisco County to Santa Clara County.

Joseph H. Patterson, from Los Angeles County to New Mexico State Association.

Gaynell Robertson, from Alameda County to Arkansas State Association.

Moses Thorner, from Santa Barbara County to Kern County.

Harold V. Weatherman, from Orange County to San Diego County.

Resigned (5)

Arthur E. Geschke, from Monterey County.

Armas Manning, from Los Angeles County.

K. Murakami, from Monterey County.

Guy V. Rukke, from Monterey County.

Pieter Van der Leek, from San Joaquin County.

In Memoriam

Cook, Clarence Sylvester. Died at Los Angeles, May 8, 1940, age 54. Graduate of Chicago College of Medicine and Surgery, 1919. Licensed in California in 1921. Doctor Cook was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

✦

Doane, Philip Schuyler. Died at Pasadena, April 27, 1940, age 68. Graduate of Rush Medical College, University of Chicago, 1895. Licensed in California in 1920. Doctor Doane was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✦

Hamilton, Percy Lee. Died at Paradise, May 9, 1940, age 66. Graduate of California Eclectic Medical College, Los Angeles, 1896, and licensed in California the same year. Doctor Hamilton was a member of the Butte County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✦

Mordoff, Charles Espy. Died at Oakland, May 7, 1940, age 57. Graduate of the College of Physicians and Surgeons, Los Angeles, 1910. Licensed in California in 1912. Doctor Mordoff was a member of the Alameda County Medical Association, the California Medical Association, and the American Medical Association.

✦

Salter, Ney Milton. Died at Williams, April 13, 1940, age 56. Graduate of Northwestern University Medical School, Chicago, 1911, and licensed in California the same year. Doctor Salter was a member of the Yolo-Colusa-Glenn County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✦

OBITUARIES

Philip Schuyler Doane 1872-1940

Philip Schuyler Doane died on April 27, 1940. His funeral at the Neighborhood Church in Pasadena was a memorable tribute from his fellow physicians, nurses, patients, and friends. He meant so much to so many.

Born at Oak Park, Illinois, in 1872, a graduate of Phillips Exeter Academy and Rush Medical College, and an intern for two years at the Presbyterian Hospital of Chicago, he became a member of the faculty of Rush Medical College and the attending staffs of the Cook County Hospital, the Michael Reese Hospital and Polyclinic, St. Joseph's Hospital, and St. Luke's Hospital, all of Chicago.

In 1903 he married Helen Pullman Stewart of Chicago.

On the entrance of our country into the war, Doctor Doane joined the service as a first lieutenant, soon becoming a lieutenant-colonel, as commanding officer of Base Hospital No. 11. Later he was Director of Health and Sanitation of the U. S. Shipping Board, Emergency Fleet Corporation.

In 1920 Doctor Doane brought his family to Pasadena. He not only served as chief of staff and senior gynecologist of the Pasadena Hospital, but as president of the Pasadena Humane Society, and director of the American Red Cross; and among many other civic services he organized the Pasadena Central Health Service and was the first president of the Pasadena Flower Show Association.

He was a Fellow of the American Medical Association and of the American College of Surgeons; a member of

the Los Angeles County Medical Association, the California Medical Association, and the Psi Upsilon and Nu Sigma Nu fraternities.

Doctor Doane had many hobbies, in which he excelled, including horticulture and philately. Possessed of artistic talent in painting, he also spent his leisure hours in drawing and creating unusual wood carvings. He made the illustrations for textbooks written by the master surgeon, Immanuel Senn; and illustrated the gynecological section of the book written by the late Dr. Charles D. Lockwood of Pasadena. He was also the author of numerous monographs in various medical journals, chiefly on gynecology and obstetrics.

Having lived a well-rounded life, with many talents and many interests, a host of friends and patients will remember Doctor Doane—his ability, his strength and his kindness.

GEORGE DOCK, M. D.

EDWARD M. PALLETTE, M. D.

ISAAC H. JONES, M. D.

✦

Alfred James Scott, Jr.

1881-1940

A. J. Scott, Jr., was born in Paw Paw, Michigan, on September 28, 1881, the eldest son of Dr. A. J. Scott. The Scott family moved to Los Angeles in 1900 and young A. J. Scott attended the University of Southern California Medical School, where he was graduated with the class of '09, joining the Los Angeles County Medical Association some six months after graduation.

Doctor Scott was in general practice for about ten years, always with particular interest in children, and about 1919 began to limit his work to pediatrics. He exhibited in his chosen field such fine intelligence and understanding that he was soon widely recognized as one of its leaders. Then rapidly followed numerous evidences of recognition: Appointment in pediatrics to the faculty of the University of Southern California and later a professorship in pediatrics at the College of Medical Evangelists; appointment to the State Board of Health, to various advisory committees and to important County Medical Association committees, and to many other communal activities almost too numerous to mention.

His frequent election as a delegate to the State Medical Association bespeaks the esteem in which the membership at large always held him.

His appointment to many important committees, and the constantly thoughtful and untiring devotion he lent to this work for nearly thirty years is evidence of the fine spirit of service to organized medicine that was part of his creed. Especially noteworthy was his contribution as a member of the Certified Milk Commission.

His appointment to the State Board of Health was a fitting mark of recognition of his constant interest in the public health.

To all of the many activities in which he participated he brought a thoughtful and sincere attention which earned him the respect and admiration of his colleagues.

Besides his membership in the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association, he was a member of the American College of Physicians and the American Academy of Pediatrics. He was one of the founders and a past president of the Southwestern Pediatric Society, and a member and past president of the Obstetrical and Pediatric Section of the Los Angeles County Medical Association. He was a member, also, of the University and the Wilshire Country Clubs.

Those of us who knew him well will always carry in our minds the memory of a man of great sincerity and of unswerving integrity, and one who was always ready to help a friend.

OSCAR REISS, M. D.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION†

MRS. A. E. ANDERSON.....President
MRS. WILLIAM C. BOECK.....Chairman on Publicity
MRS. KARL O. VON HAGEN.....Asst. Chairman on Publicity

News Letters

Dear Auxiliary Members:

For the splendid coöperation of the officers, chairmen of publicity and their assistants, and members who have contributed faithfully each month during the past year to our pages in *CALIFORNIA AND WESTERN MEDICINE*, I wish to join the state chairman of publicity, Mrs. William C. Boeck, in thanking you all.

The Auxiliary has completed a very active and constructive year in all our counties, and we have greatly appreciated hearing about the many health programs, educational talks, philanthropies, and hidden talents among our members, and last, but not least, the enthusiasm of our new auxiliaries.

To Dr. George H. Kress, our guide, philosopher and friend, for his patience and good counsel, our deepest gratitude. To the newly elected officers we extend our sincere good wishes for another successful year.

Faithfully,

MRS. KARL VON HAGEN.

Just before the close of her term of office as state chairman of membership and organization, Mrs. Harry O. Hund announced a new county auxiliary, the fourth to be organized during the year.

This was the Woman's Auxiliary to the Solano County Medical Society, the first meeting of which was held during the tea hour on Tuesday, April 16, at the Casa de Vallejo, in Vallejo.

Mrs. H. Randall Madeley was elected president, Mrs. Cary A. Snoddy, vice-president and chairman of membership, and Mrs. F. Burton Jones, secretary-treasurer, by the fifteen charter members present. Directors, chairmen of standing committees, chosen were: Mrs. Carlton C. Purviance, Program Chairman; Mrs. H. B. Perkins, Public Relations and Hospitality Chairman; Mrs. A. J. Ryan, Publicity Chairman; and Mrs. Gordon Bunny, Hygeia Chairman.

Charter members, in addition to the above named, were: Mesdames Milton B. Bransford, G. J. Budd, A. E. Chapell, N. J. Crisp, Paul F. Dieffenbacher, Walter A. Fort, Grace B. Howard, and Felix R. Rossi, Jr.

Meetings will be held on the second Tuesday of each month at the Casa de Vallejo. Godspeed to this newest member group!

MRS. WILLIAM C. BOECK,
Chairman on Publicity.

Component County Auxiliaries

Humboldt County

The Woman's Auxiliary to the Humboldt County Medical Society met in regular session on Friday evening, April 12, at the home of Mrs. Edgar Holm, who has kindly offered it as a permanent meeting place for the Auxiliary.

†As county auxiliaries of the Woman's Auxiliary to the California Medical Association are formed, the names of their officers should be forwarded to Mrs. Karl O. Von Hagen, Assistant Chairman on Publicity, 5867 Whitworth Drive, Los Angeles. Brief reports of county auxiliary meetings will be welcomed by Mrs. Von Hagen and must be sent to her before publication takes place in this column. For lists of state and county officers, see advertising page 6. The Council of the California Medical Association has instructed the Editor to allocate two pages in every issue to Woman's Auxiliary notes.

Mrs. John Chain, Sr., presided. The ten members who were present held a short business meeting, after which refreshments were served by Mrs. Edgar Holm and Mrs. O. R. Myers.

The group decided to invite the doctors as guests for a dinner dance which will mark the last meeting of the Auxiliary for the season.

MRS. MAX GOODMAN, *Publicity Chairman.*

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Los Angeles County

The Woman's Auxiliary to the Los Angeles County Medical Association met in regular session at the Annandale Country Club on April 23, with the Pasadena branch of the Auxiliary acting as hostess. The Club was beautifully decorated with spring flowers, and the occasion was a most festive one. Mrs. Frederick Speik was mistress of ceremonies and presided graciously, introducing the speakers of the afternoon and the special guests. Following the program, Mrs. Eric Larson conducted the regular business meeting.

Irene Tedrow Kent, a member of the Maurice Evans Shakespearean Players, spoke very entertainingly in honor of Shakespeare's birthday.

Dr. Robert Glass Cleland, Vice-President of Occidental College, who was the guest speaker, chose as his topic *The Historian Looks at the Future*. Doctor Cleland pointed out that the quiet, unnoticed research taking place in the laboratories today is more important than the war in Europe, and he said, in part: "The human race is not likely to be destroyed by this or subsequent wars. Western civilization may suffer greatly, but it will not be destroyed. The great principle of democracy is not yet doomed—it has spread its roots throughout the world. Democracy has gone into an eclipse before and emerged." Doctor Cleland closed with the thought that "All individual events move in some mysterious way, forming a logical pattern, when there shall be a happier, freer destiny for man. The historian looks through a glass darkly, but through it all sees a world where righteousness and peace may yet find a haven."

MRS. WILLIAM BENBOW THOMPSON.

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Marin County

The Woman's Auxiliary to the Marin County Medical Society met for dinner on Thursday evening, April 25, at Deer Park Villa in Fairfax, twenty-two members being present. Mrs. George Landrock presided in the absence of Mrs. C. A. De Lancey.

The chairman of the Nominating Committee, Mrs. Wilson Goddard, presented the following recommendations for the various offices for the coming year: For president, Mrs. Lloyd Tyler; first vice-president, Mrs. Harry Hensler; second vice-president, Mrs. John C. W. Taylor; secretary, Mrs. E. V. Knapp; and treasurer, Mrs. George Lowell.

Mrs. Harry Hensler thanked the Auxiliary for its contribution to Sunnyhills Farm (San Francisco Presbyterian Orphanage).

Former plans for a "Bring your husband dinner" were changed in favor of a barbecue, to take place on Sunday, May 26 at Dr. and Mrs. Wilson Goddard's summer home at Bolinas. The members of the Marin County Medical Society will be the guests of honor.

MRS. JOHN C. W. TAYLOR.

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Santa Cruz County

The Woman's Auxiliary to the Santa Cruz County Medical Society met for a luncheon at the Pasatiempo Country Club, Santa Cruz, on Monday, April 22. The meeting was presided over by our president, Mrs. F. P. Shenk.

We had as our guest speaker, Mr. Robin Lampson of the Extension Department of the University of California, who reviewed his latest book, *Death Takes a Pair of Wings*, which is a best seller of 1940.

Invitations were extended to the Santa Clara, San Benito, San Mateo, and Monterey county societies. Reservations were made for seventy members.

MRS. R. CAREY ALSBERGE.

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Sonoma County

On February 8, at a luncheon, also held at the "Birches," the Marin and Sonoma County Auxiliaries honored Mrs. Frederick Scatena, President of the State Auxiliary.

A regular meeting of the Sonoma County Auxiliary was conducted prior to the luncheon.

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On March 14, the regular monthly dinner meeting was held at Cotati Inn, Cotati.

As a program, three of the members gave short reviews on recent books dealing with medical care. These included *Medicine at the Cross Roads*, by Bertram M. Bernheim, M.D.; Dr. Hugh Cabot's, *The Patient's Dilemma*; and a discussion on *Experimentation in Meeting Medical Needs by Voluntary Action*, by Martin W. Brown.

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On April 18, the president, Mrs. Dwight Barnett, entertained the Auxiliary at her home on Rincon Heights, Santa Rosa. After the regular business meeting, twenty-four members enjoyed a social afternoon of bridge and tea.

EUGENIA FLEISSNER.

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Stanislaus County

On April 12, the Woman's Auxiliary to the Stanislaus County Medical Society met in the home of Mrs. Donald Robertson, and listened to the guest for the evening, Mr. L. M. Morris, who showed colored movies of his tour through the British Isles and Scandinavia last summer, stressing, in his comments, the beauty of the scenes rather than any preoccupation with war.

Following his departure, the business meeting received the recommendations of the Nominating Committee for officers to be elected next month. Upon adjournment of the meeting, which was conducted by Mrs. Hartman, refreshments were served. There were sixteen members present.

MRS. WARREN STEELE, JR.

DIVISION OF NARCOTIC ENFORCEMENT STATE OF CALIFORNIA*

PAUL E. MADDEN, *Chief*

New Narcotic Regulations Triplicate Prescription Forms Effective July 1, 1940

Effective July 1, 1940, the new forms for writing prescriptions for narcotic drugs will be in use, as provided for in an amendment to the Narcotic Act passed by the last regular session of the Legislature. This date was set in order to suit the convenience of the medical profession, June 30 marking the end of the fiscal year and being the last day for registration under the Harrison Narcotic Law, so that the use of the new forms and records for the new fiscal year may begin simultaneously.

The new forms will be mailed or delivered to all those authorized to write narcotic prescriptions, the first supply automatically, and from then on upon request. They will be furnished free of cost by the California State Division of Narcotic Enforcement, 156 State Building, San Francisco.

All narcotic prescriptions are to be written on these special blanks, and they must be used for that purpose

exclusively. They must be written wholly in the handwriting of the person authorized to issue them (not by his nurse or secretary, and then merely signed by him) and all three copies must be signed by the prescriber. They must, of course, contain the true name and address of the person for whom prescribed, and must not be antedated nor postdated.

The original and a duplicate copy is given to the patient to deliver to the pharmacist filling the prescription. The pharmacist retains the original for his permanent record and returns the duplicate copies at the end of the month in which the prescription is issued, to 156 State Building, San Francisco. The pharmacist must keep his record open to inspection by the prescriber as well as to the inspectors of the Narcotic Division and the Board of Pharmacy for a period of three years. He must not fill a prescription if it shows evidence of alteration, erasure, or addition by any person other than the person who wrote it, nor if it is tendered to be filled after the seventh day following the date of issue.

The physician's copy, which remains in his book, will serve as the doctor's permanent record by merely indicating, in the space provided, the pathology for which the prescription is issued, and preserving it for the two-year period required by the law. In fact, it is suggested that the doctor's prescription book be used for this purpose, as a convenience to the physician himself—avoiding a duplication of records—as well as to the inspectors of the Narcotic Division and the Board of Pharmacy, should there be any occasion to refer to it.

The Narcotic Act provides for the following exception to the rule that all narcotic prescriptions must be written on these official forms and that no person shall fill one that is not so written. In the case of an epidemic or a sudden or unforeseen accident or calamity, a prescriber may issue a prescription on a form other than the official prescription form issued by the State Division where failure to issue such prescription might result in loss of life or intense suffering; but such prescription shall have endorsed thereon by the prescriber a statement concerning the accident, calamity, or circumstances constituting the emergency because of which the unofficial blank is used.

The law further provides that no person shall furnish a narcotic pursuant to a telephone order, except that in an emergency a pharmacist may deliver a narcotic through his employee or responsible agent pursuant to a telephone order of a person authorized to prescribe narcotics, if the employee or agent is supplied with a prescription before delivery.

The provisions of the Act, with reference to the writing of narcotic prescriptions on official blanks, and the filling thereof, do not apply to preparations of the United States Pharmacopoeia, National Formulary, United States Dispensatory, or other recognized or established formulae—nor to preparations containing codein without additional narcotics when compounded with other medicinal ingredients, prescribed in good faith for medicinal purposes only. However, when it is found necessary to write a prescription for straight codein (powder, tablet triturates, hypodermic tablets, etc.), it will be necessary to use the official prescription blanks.

* * *

Every conceivable detail has been taken into consideration to alleviate any suspicion on the part of the patient that narcotic drugs are being prescribed on this form. No mention is made anywhere on the blank that narcotics are prescribed and the form itself is very simple, and conforms to the prescription blanks that have been in use for many years—other than that there is a serial number at the top of each blank. We have tried to avoid any embarrassment between the patient and the doctor in the use of these forms.

* For editorial comment, see page 252.

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for the News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings.

American Medical Association, New York, June 10-14, 1940. Olin West, M. D., Secretary, 535 North Dearborn Street, Chicago, Illinois.

Western Section of the American Urological Association, Empress Hotel, Victoria, B. C., July 29-31, 1940. Dudley P. Fagerstrom, M. D., Secretary, 710 Medicodental Building, San Jose, California.

Medical Broadcasts.*

American Medical Association Broadcasts: "Medicine in the News."—The American Medical Association and the National Broadcasting Company have announced "Medicine in the News," on timely topics from medical news of the week. Thursdays, 4:30 p. m., Eastern standard time (1:30 p. m., Pacific standard time), Blue Network, coast to coast. Thirty weeks. Opened on November 2, 1939. Facts, drama, entertainment, music.

Pacific States:

KECA	Los Angeles	KTMS	Santa Barbara
KFSD	San Diego	KEX	Portland
KGO	San Francisco	KJR	Seattle
	KGA	Spokane	

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Los Angeles County Medical Association.

The radio broadcast program for the Los Angeles County Medical Association for the month of June is as follows: Saturday, June 1—KFI, 9:45 a. m., The Road of Health; KFAC, 10:15 a. m., Your Doctor and You.

Wednesday, June 5—KECA, 11:15 a. m., The Road of Health.

Saturday, June 8—KFI, 9:45 a. m., The Road of Health; KFAC, 10:15 a. m., Your Doctor and You.

Wednesday, June 12—KECA, 11:15 a. m., The Road of Health.

Saturday, June 15—KFI, 9:45 a. m., The Road of Health; KFAC, 10:15 a. m., Your Doctor and You.

Wednesday, June 19—KECA, 11:15 a. m., The Road of Health.

Saturday, June 22—KFI, 9:45 a. m., The Road of Health; KFAC, 10:15 a. m., Your Doctor and You.

Wednesday, June 26—KECA, 11:15 a. m., The Road of Health.

Saturday, June 29—KFI, 9:45 a. m., The Road of Health; KFAC, 10:15 a. m., Your Doctor and You.

The Pacific Coast Oto-Ophthalmological Society.—

The twenty-eighth annual meeting of the Pacific Coast Oto-Ophthalmological Society will be held on Monday, June 24, to Thursday, June 27, inclusive, in Spokane, Washington, the Davenport Hotel being the headquarters. Guest speakers will be Dr. F. K. Hansel of St. Louis, Dr. Walter B. Lancaster of Boston, and Dr. Meyer Weiner of St. Louis. Further information may be obtained from the secretary, C. Allen Dickey, M. D., 450 Sutter Street, San Francisco.

* County societies giving medical broadcasts are requested to send information as soon as arranged (stating station, day, date and hour, and subject) to CALIFORNIA AND WESTERN MEDICINE, 450 Sutter Street, San Francisco, for inclusion in this column.

New Health Chief Named—Doctor Brown Replaces Doctor Dickie.—Sacramento, May 27 (INS).—Governor Olson appointed today George J. Knox, 60, San Francisco, as state superintendent of banks and Dr. Bertram Brown, Los Angeles, as state director of public health.

Brown succeeds Dr. Walter Dickie, San Francisco, State Health Director under three state administrations.

Brown's Record Praised

In announcing selection of Doctor Brown to the \$6,000 a year state health job, Governor Olson highly praised his qualifications, adding he was "eminently fit for this important post."

Brown received his medical degree at New York University in 1914, served in the World War medical service, and entered private practice in Hollywood in 1920.

Dickie Long on Job

Dickie, the deposed state health chief, was first appointed chief of the division of venereal disease control in 1919, but this activity ceased in 1920 due to lack of funds. In 1921, Dickie was named secretary of the State Board of Health by former Governor William D. Stephens. He held this post through the Richardson régime and in 1927 was made director of public health by former Governor C. C. Young, which he held in 1931.

In 1935, Dickie was again named health director by former Governor Frank F. Merriam.

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Informed of Governor Olson's appointment of Dr. Bertram Brown to succeed Dr. Walter M. Dickie as state director of public health, Dr. Howard Morrow, President of the State Board of Health, who fought to retain Dickie in office, made the following statement:

Governor Olson has placed political expediency ahead of public welfare in making the appointment. Doctor Brown's name was submitted for approval to Dr. Thomas Parran, Jr., United States Surgeon-General, and he was found unfitted for the position because of lack of public health experience. I will wire Doctor Parran at once to learn what further moves may be made.—San Francisco Call-Bulletin, May 27.

Pan-American Congress of Ophthalmology in Cleveland Next October.—Plans for a Pan-American Congress of Ophthalmology to be held at the Hotel Cleveland, Cleveland, Ohio, October 11 and 12, have been announced.

The Congress will be sponsored by the American Academy of Ophthalmology and Otolaryngology, an organization of more than 2,500 specialists in diseases of the eye, ear, nose and throat, which will hold its annual convention immediately preceding the Pan-American gathering.

The United States Department of State has expressed its interest, and the governments of all the countries of the Western Hemisphere have been invited to send official delegates. It is felt that the meeting will do much toward bringing about an *entente cordiale* among scientific men of the two Americas, and it is expected that a permanent organization will be effected.

The committee that is developing the congress has the following members: Doctors Harry Gradle, Chicago;

Conrad Berens, New York; and Moacyr E. Alvaro, Sao Paulo, Brazil. The executive secretary of the American Academy of Ophthalmology and Otolaryngology, which will be host to the Latin-American eye specialists, is Dr. William P. Wherry, 1500 Medical Arts Building, Omaha, Nebraska, who may be addressed for additional information.

Dedication of Osler Memorial to Be Held at Blockley.—The old autopsy house where Osler worked at Blockley has been restored as the Osler Memorial Building, and will be dedicated on the grounds of the Philadelphia General Hospital at Curie Avenue, near Thirty-fourth and Pine streets, Philadelphia, Pennsylvania, at 2 p. m. on June 8, 1940.

Original furnishings, including the necropsy table, have been collected. The painting by Dean Cornwell, N. A., of New York, entitled "Osler at Old Blockley," later to be hung in the building, will be on exhibition during the celebration.

There are facilities in the building for the housing and preservation of relics of old Blockley, as well as Osleriana. The Committee would welcome any additions to this collection.

Medical Library Association.—The forty-second annual meeting of the Medical Library Association will be held at the University of Oregon Medical School, Portland, June 25-27, under the presidency of Colonel Harold W. Jones of the Army Medical Library, Washington, D. C. Hotel headquarters will be at the Heathman. The program will include talks on the literature of epidemiology of plague, tularemia, and Rocky Mountain spotted fever; a symposium on investigations in local medical history, and problems in bibliography based on a study of terminology in the field of nutrition.

American Congress of Physical Therapy.—The nineteenth annual scientific and clinical session of the American Congress of Physical Therapy will be held on September 2 to 6, 1940, at the Hotel Statler, Cleveland, Ohio.

The mornings will be devoted to an annual instruction course, enabling attendance at both the course and scientific sessions which will be given in the afternoons and evenings. This will minimize the time element and permit attendance at both functions during the same week. The seminar and convention proper will be open to physicians and qualified technicians.

For information concerning the seminar and preliminary program of the convention proper, address American Congress of Physical Therapy, 30 North Michigan Avenue, Chicago.

Awards of Merit for Sacramento and Kern County in City and Rural Health Conservation Contests.—Winners in the 1939 City and Rural Health Conservation contests were recently announced by the Chamber of Commerce of the United States.

These contests are conducted annually by the Chamber in coöperation with the American Public Health Association for the purpose of furthering adequate health protection and health promotion services throughout the United States. The competent manner in which a community is meeting its health problems is the basis upon which the awards are made. This does not necessarily mean that awards are made to the healthiest communities. A group of public health experts from all parts of the country carefully appraise each participating city and county. Each community is graded on what measures it takes:

To provide and safeguard its water supply.

To furnish adequate and safe sewage disposal.

To reduce infant and maternal deaths.

To combat tuberculosis and syphilis.

To protect its citizens against other communicable diseases.

To insure healthy children.

To protect and safeguard its milk and other foods.

To promote effective coöperation with its physicians and dentists in furnishing necessary services to all those who need them.

To enlarge and improve its lay-understanding of ways and means of preventing sickness and death and of maintaining good health.

Winners in the Rural Contest are chosen geographically. Winners are:

Northeastern Division—Alger-Schoolcraft Health Unit, Michigan.

Eastern Division—Fayette County, Kentucky.

Southeastern Division—Lauderdale County, Mississippi.

South Central Division—St. Mary's Parish, Louisiana.

Western Division—Wasco County, Oregon.

Winners in the Eleventh Annual City Health Contest.—In Group IV (cities of 50,000 to 100,000 population) the winner is Newton, Massachusetts. Award of merit went to Sacramento, California.

Winners in the Sixth Annual Rural Health Contest.—In the Western Division the winner is Wasco County, Oregon. Award of merit went to Kern County, California.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

\$60,000,000 Hospital Bill Approved by the Senate

Washington, May 30 (UP).—The Wagner-George Hospital expansion bill, authorizing a \$60,000,000 program for federal-state-municipal coöperation in building hospitals, won Senate approval today and was sent to the House.

The measure provides for federal contributions of \$10,000,000 a year for six years, starting with the present fiscal year. The money would be paid in grants to be matched on an ability-to-pay basis. Grants would be distributed to states and communities under direction of the Surgeon-General of the United States Public Health Service.

Senator James E. Murray (D., Mont.) argued the program was necessary to relieve an "appalling shortage" of medical care for underprivileged citizens. He said it would provide from 25,000 to 30,000 additional beds in hospitals.—*San Francisco Chronicle*, May 31.

California Medical Association Elects Officers

After spending most of the day in talking over how to improve the working of the human machine, the California Medical Association swung into organizational activity late yesterday, elected officers, set its 1941 meeting place and waded into a mass of resolutions.

Meeting in Hotel del Coronado, the convention delegates seated Dr. Harry H. Wilson, Los Angeles, as president and elected Henry S. Rogers, Petaluma, as president-elect. This means Doctor Rogers will be elevated to the presidency next year.

The delegates selected Del Monte for the 1941 convention.

Dr. Lowell S. Goin, Los Angeles, was reelected speaker of the House of Delegates and Dr. E. Vincent Askey, Los Angeles, was elected vice-speaker.

New Councilmen

Vacancies in the Association's Council were filled as follows: Dr. Louis A. Packard, Bakersfield; Dr. John W. Cline, San Francisco; Dr. John W. Green, Vallejo; Dr. R. Stanley Kneeshaw, San Jose; Dr. Edward B. Dewey, Pasadena; Dr. Dewey Powell, Stockton.

Named as delegates to the American Medical Association were Dr. Edward N. Ewer, Oakland; Dr. Edward M. Pallette, Los Angeles; Dr. Robert A. Peers, Colfax; Dr. William R. Molony, Los Angeles. Alternates are Dr. Frank R. Makinson, Oakland; Dr. William H. Kiger, Los Angeles; Dr. Frank Scatena, Sacramento; Dr. John C. Ruddock, Los Angeles.—*San Diego Union*, May 9.

Physicians Study Program for Relievers

Extension of Voluntary Health Insurance on Clinical Basis
Coronado, May 9 (AP).—The California Medical Association is considering a plan designed to care for the health needs of the State's estimated 350,000 relief dependents.

Recommended to the Association's House of Delegates by trustees of the California Physicians' Service, the proposal suggests extension of the voluntary health insurance plan on a modified clinical basis to all persons on state relief and their families.

Announcement that the plan had been submitted to the House of Delegates with a hope for approval was made by Dr. Ray Lyman Wilbur, C. P. S. president, who also is president of Stanford University and former Secretary of the Interior. Doctor Wilbur, emphasizing the program would depend on what funds are available for this purpose by the Legislature, stated:

"This is a public health measure of the greatest importance. By improving the health of those on relief, public health costs throughout the State will be reduced as the spread of disease is cut down.

"Doctors should take this step in order to stay at the helm in the new social progress inevitably involving medicine."

Welfare of the eight-months-old voluntary health plan and proposals for its extension to persons in the lower income groups occupied the major attention at yesterday's initial general convention session.

The maximum income limit of the California plan is \$3,000. The cost to the individual is \$2.50 a month, for which in case of disability he receives hospital and medical care, and is allowed to select his physician and hospital.

Need of Cheaper Plan

Alson R. Kilgore, San Francisco, C. P. S. secretary, said there was a vital need for a downward rate revision to permit participation of persons whose income is \$1,200 a year or less, and who cannot afford the \$2.50 charge.

Kilgore indicated a plan probably would be formulated to extend the service facilities to the low income group with all advantages with the possible exception of the privilege of selecting their physician and hospital.

Dr. W. H. Bueermann, who heads a similar bureau which provides medical service on a prepayment basis in Portland, Ore., told the Association the profession itself "must demonstrate that it has the leadership that is both capable and willing to develop and successfully operate" a plan of voluntary health insurance for the low wage worker.

When this is accomplished, the Portland physician said, "We will have made long strides toward answering the demands of 'pressure groups' for 'politicalized medicine' administered by an unsympathetic and nonmedical bureaucracy."—*Santa Cruz Sentinel*, May 10.

Is Medicine a Trade or a Profession?

The refusal of the Supreme Court to take over the anti-trust case against the American Medical Association leaves in effect a lower court decision that the practice of medicine is a trade rather than a profession and as such is subject to the Sherman Act.

To most thinking people this will appear a disturbing situation. The healing art has commercial aspects, it is true; but this decision seems to ignore the others. Since in the Apex Hosiery case, decided last week, the court held in effect that the activities of labor unions are no concern of the Sherman Act if their primary purpose is not interference with commerce and the interference is merely incidental, this decision does not seem to grant to the American Medical Association even the privileges of a labor union.

For the primary purposes of the American Medical Association in moving against a group health organization in Washington was to preserve the standards of medical practice, and not the revenues of doctors. The decisions are difficult to reconcile.—*Editorial, Los Angeles Times*, June 4.

American Medical Association Faces Court June 14

Washington, June 5 (UP).—The United States District Court today ordered arraignment June 14 of the American Medical Association and several of its officers on charges of violating antitrust laws.

The order followed the Supreme Court's refusal to hear the American Medical Association plea for exemption from the Sherman Antitrust Act on the ground the doctors are not engaged in "trade" within the meaning of the law.

Criminal indictments were handed down after a Federal Grand Jury investigation of alleged efforts of the American Medical Association and two affiliated organizations to hinder operation of a cooperative health movement in Washington. No trial date has been set.—*San Francisco Chronicle*, June 6.

Wilbur Speaks at Convention

State Doctors Hear of Medical Progress

"The amazing advance in the application of chemistry and physics to biological processes is revolutionizing medicine," President Ray Lyman Wilbur declared yesterday in addressing the annual convention of the California Medical Association at Coronado.

Speaking on the subject of "Biological Engineers," Doctor Wilbur told the convention that the physician can no longer be symbolized by pills and scalpels because "he is becoming a biological engineer serving the individual and society in many fresh and startling ways."

Discussing the change in the activities of the medical practitioner through the last fifty years, he reminded his listeners that fifty years ago the functions of the medical man were largely determined by observation and experience. Since then, however, "experimentation and analysis have been brought in at such a rapid rate that at times we almost forget that over the centuries medicine was largely based upon shrewd observation and the accumulation and digestion of past experiences."

Doctor Wilbur talked of the way in which the general advance in all the fields of science had immeasurably aided the field of medicine. Concerning biology he said: "As our knowledge of the different forms of life about us, including bacteria and viruses as well as insects and protozoa, increases, our skill in controlling the diseases caused by parasites has grown."

Similar advances in other fields, such as the development of chemical remedies, of which quinine is a good example, have likewise helped the medical man, the lecturer stated.—*Stanford Daily*, Stanford University, May 8.

New Hospitals for Southland

House Committee Acts to Locate U. S. Marine Buildings Here Soon

By a Times Staff Correspondent

Washington, March 21 (Exclusive).—Construction of a marine hospital either at Los Angeles or San Diego was virtually assured today as an agreement was reached before the House Merchant Marine Committee to abandon sectional feuds over the location and leave the selection of a site to the Public Health Service.

With only two out of twenty-six United States marine hospitals located on the West Coast, Southern California is entitled to one, or possibly two, new institutions, the committee was told by Representative Izac (D.) of San Diego.

Urges Building

Izac spoke in behalf of his bill for a fifty-bed tuberculosis hospital to be located at San Diego, but agreed with other California Representatives that the important point is to obtain a hospital regardless of the district in which it will be located.

A 300-bed hospital for Los Angeles Harbor was proposed at the same hearing by Representative Geyer (D.), Gardena, who has been sponsoring the proposal.

Help Promised

J. F. Zurich of the International Fishermen and Allied Workers of America spoke in behalf of the Geyer Bill and cooperation of other labor unions was promised.

The Los Angeles hospital would require an appropriation of \$2,500,000, Geyer explained. Izac's bill calls for expenditure of \$950,000.—*Los Angeles Times*, March 22.

Angel City Golfer Captures State Medico Tourney

Dr. W. H. Moore of Los Angeles assumed the mantle of California Medical Association golf champion for 1940 Tuesday when he captured low gross, with a 78, in the annual tournament held over the San Diego Country Club course.

One stroke behind Doctor Moore was Dr. J. Hromadka of San Francisco, and Dr. F. Casto of La Jolla was third with an 80.

Six of the 111 who competed in the event tied for blind bogey, with net 69's, and Dr. J. F. Churchill of San Diego won the draw. Others in the deadlock were Dr. R. Kaysen, Dr. L. A. Packard, Dr. C. S. Ianne, Dr. R. Ouer and Dr. Robert Monteith.

Dr. William Lewis was the low net winner, carding a 67 to beat out Dr. Thomas O'Connell by a stroke. Doctor

Casto was third, Dr. Ray Lounsberry fourth, and other net leaders included Doctor Churchill, Dr. Joe O'Neill and Dr. Frank McGuire.

The visiting linksmen were high in their praise of the San Diego Country Club membership and Professional Fred Sherman, who cooperated in making the tourney a success. Prizes were awarded at a dinner in Hotel del Coronado, where the Medical Association is holding its state convention.

Gross leaders: Dr. W. H. Moore, 78; Dr. J. Hromadka, 79; Dr. F. Casto, 80; Dr. M. Josephs, 81; Dr. W. Dodge, 81; Dr. R. K. Gustafson, 81; Dr. W. C. Black, 81; Dr. A. J. Scholl, 81; Dr. Ray Lounsberry, 81; Dr. J. E. Novak, 81; Dr. F. H. Falconer, 83; Dr. L. A. Packard, 85; Dr. L. Stelzer, 85; Dr. J. F. Churchill, 85; Dr. F. Ulrich, 85; Dr. R. S. Kneeshaw, 86; Dr. Eric Larson, 86; Dr. W. H. Olds, 87; Dr. D. F. Polford, 87; Dr. M. T. Ussher, 88; Dr. F. Ruby, 88; Dr. J. Stevens, 88; Dr. E. E. Kenzer, 88; Dr. L. E. Trigg, 89; Dr. A. A. Blatherwick, 89; Dr. Thomas L. Rogers, 89; Dr. Emil Tholen, 89.—San Diego Union, May 9.

* * *

California Up in Health Care Figures Show State in First Ten

By Ruth Finney, *The News* Washington Correspondent

Washington, May 13.—California is one of the first ten states in the matter of providing hospital beds for its citizens, according to figures just made public by the Senate Committee on Education and Labor.

The figures are in a committee report urging a national hospital act, proposed some time ago by the Administration as a substitute for the Wagner Health Bill.

The measure would make \$10,000,000 a year available for the next six years to start a hospital building program in the states.

Rural Need Exists

The report points out that in states with a large amount of hospital accommodations, these accommodations usually are centered in the larger communities, and need still exists in smaller towns and rural areas. The committee says seventeen million Americans live in thirteen hundred counties where there are no registered Federal hospitals.

Authorities agree, says the report, that four and one-half beds per thousand population are required to assure the amount of hospitalization necessary for adequate care. California has 4.42 beds per thousand.

Two beds per tuberculosis death are required. California has only 1.54 beds, lagging behind twelve states and the District of Columbia.

Insanity Care Shown

For mental cases, the report says, approximately one-fourth of the states have 4.8 beds per thousand population. California has 4.69 beds per thousand.

The bill provides that the Government use the first ten million dollars to build hospitals which it would lease to states showing the most need. Title would be transferred after the state or political subdivision had demonstrated successful operation.

Appropriations for the next five years would be used to make grants-in-aid, ranging from 25 per cent to 90 per cent, to communities building hospitals.—San Francisco News, May 13.

* * *

Golden Gate International Exposition

Entirely new, the Pageant of the Pacific opened on Treasure Island on May 25. Every part of this magic city breathes enchantment and excitement. Millions of California's flowers weave a carpet of fragrant beauty and the towering walls, in fresh, gay colors, present a picture that might have come from the dream world of the Arabian Nights.

In one of the world's most gorgeous settings, you will see strange and exotic arts and crafts from every shore of the great Pacific. The West's World's Fair in Forty is dedicated to knowledge, leisure, travel and recreation . . . all here, in magnificent array! It's a sixty-million-dollar attraction . . . a thing of beauty . . . a joy forever.

Highlights of the Golden Gate International Exposition of 1940:

America, Cavalcade of a Nation. Great events in the history of the United States portrayed by fifteen hundred characters on a gigantic stage. A dramatic thriller from the landing of Columbus to the gay "nineties" in San Francisco. Three-four shows daily.

Aquacade. Billy Rose's spectacular swimming, diving, dancing and singing novelty, which won wide acclaim at the New York Fair last year. To be staged in a great wooden tank in International Hall. Three-four shows daily.

Folies Bergère. Clifford Fischer's Parisian vaudeville troupe in a completely new program. One of the big hits of the Exposition last year. Three-four shows daily.

Sallci Puppets. A \$50,000 marionette show which originated in Italy nearly two hundred years ago and has been carried on by the same family in its original form. Hall of Western States. Three-four shows daily.

National Garden Show. Floral exhibit under direction of Howard Gilkey continuing throughout the Fair. Floral sun dial, garden plots with formal and informal design featured.

Symphony Concerts. The San Francisco Symphony Orchestra, under the direction of Pierre Monteux in a series of programs.

Fine Arts Palace. Art in action with Diego Rivera and noted sculptors and painters at work. Construction of mural for San Francisco Junior College. Fresco painting. Printing from 1457-1940, celebrating the 500th anniversary of the discovery of printing from movable types. Photographic salon. Old masters. Contemporary European and American art.

Federal Building. Modern trench warfare exhibit by U. S. Army; Navy craft open for inspection; Indian craftsmanship. Federal projects.

University of California Exhibit. Hall of Science. Miniature model atom-smashing cyclotron. Anthropological maps showing migrations of man. Biological exhibits. Visual demonstrations of science.

Automotive. Ford display illustrating development of transportation. General Motors exhibits with cut-out models of modern automobiles.

When. Opens on May 25 and closes on September 29.

Where. Treasure Island, in San Francisco Bay. Reached by automobile from San Francisco or Oakland via the Bay Bridge (toll 35 cents) or by ferry from San Francisco and by bus (Key System) from Oakland and the East Bay area.

Costs. Season tickets: Adults, \$7.50; juniors, \$3.75; children under 12, \$1.00. Single admissions, 50 cents, 25 cents and 10 cents. Parking fee, 25 cents. Bridge toll, including round trip to the island, 35 cents.

Attendance last year, 10,496,203.

Cost of site and Fair of 1939. Approximately \$60,000,000.

Size of Treasure Island. Four hundred acres, largest man-made island in the world.

Distance from San Francisco. 4.70 miles; from Oakland, 7.3 miles.

LETTERS

Subject: Registration of medical technologists.

REGISTRY OF MEDICAL TECHNOLOGISTS
OF THE

AMERICAN SOCIETY OF CLINICAL PATHOLOGISTS

Denver, Colorado, May 7, 1940.

To the Editor:—You have probably seen the editorial in the Hospital Number of *The Journal of the American Medical Association* (March 30, 1940), page 1269, warning against the pernicious activities of a New Jersey organization which presumes to issue certificates of qualification to laboratory technicians in opposition to our own Registry.

In order that this warning reach as many physicians as possible, it has been suggested that the enclosure be reprinted in all medical state journals or copy inserted similar in tenor to the enclosed announcement in our *American Journal of Clinical Pathology*.

Thanking you for your cooperation with the Registry of the American Society of Clinical Pathologists, I am

234 Metropolitan Building.

Fraternally yours,

PHILIP HILLKOWITZ, M. D.,
Chairman, Board of Registry.

* * *

THE REGISTRY FOR CLINICAL LABORATORY TECHNICIANS*

In 1928 the American Society of Clinical Pathologists established a registry to pass on the qualifications of laboratory technicians and to approve schools for training

* From *The Journal of the American Medical Association*, Volume 114, Number 13, March 30, 1940.

these workers. Soon this Registry received the recognition of the American Medical Association, the American College of Surgeons, the American Hospital Association, the Catholic Hospital Association, and other scientific and medical organizations. The Council on Medical Education and Hospitals was authorized to formulate standards and approve schools which meet its requirements. After a thorough test, conducted by clinical pathologists, successful applicants for a certificate were designated as Medical Technologists (M. T.), a title which connoted a holder of a certificate of competence from the Registry, nationally recognized in the medical and hospital spheres.

Within the past six months a citizen of Red Bank, New Jersey, who has never himself been registered, began to circularize the medical laboratory technicians of New England asking them for a fee of \$5 to join the "American Medical Technologists" and offering to bestow the title "M. T." by virtue of a charter from the State of New Jersey. As far as we know, this movement is not supported or authorized by any scientific body. . . .

Certainly physicians everywhere will do their utmost to inform young men and women who contemplate a career in medical technology of the hazard that lies in participation in such courses or organizations.

Subject: Letter from the Board of Medical Examiners of the State of California to a foreign medical graduate seeking information concerning hospital internships.

(COPY)

Dear Doctor:

Your letter addressed to George H. Kress, M. D., Secretary of the California Medical Association, has been forwarded us for reply.

We [California State Board of Medical Examiners] regret our inability to find for you a hospital where you can serve a one-year rotating internship required of foreign medical school graduates. Each individual must correspond with hospitals anywhere in the United States approved for the training of interns in order to secure said internship. A list of such hospitals will be found in the directory published by the American Medical Association, or you can obtain a printed pamphlet listing said hospitals by communicating with the American Medical Association, Council on Medical Education and Hospitals, William D. Cutter, M. D., Secretary, 535 North Dearborn Street, Chicago, Illinois.

Very truly yours,

C. B. PINKHAM, M. D.,
Secretary-Treasurer.

CALIFORNIA STATE BOARD OF PUBLIC HEALTH

Celebration of Its Seventieth Birthday

The Northern California Public Health Association at its regular meeting, held in San Francisco on May 20, devoted its entire session to the celebration of the seventieth anniversary of the organization of the California State Board of Health.

Dr. I. O. Church, Health Officer of Alameda County and President of the Northern California Public Health Association, presided.

The meeting was made interesting because of the presence of blood relatives of men who, in its early days, had guided the destinies of the state health organization. Among them were Dr. Morton R. Gibbons of San Francisco, whose grandfather, Dr. Henry Gibbons, was the first president of the California State Board of Health and who served in that capacity from 1870 to 1884, when he died.

Mrs. Annie L. Blanchard of Berkeley, now in her eighty-sixth year, and daughter of Dr. Fred W. Hatch, Sr., who served as secretary of the Board from 1876 to 1884, was also present, as well as Miss Margaret Hatch of Mill Valley, and Francis Hatch, M. D., of San Francisco, grandchildren of Dr. F. W. Hatch, Sr. Upon the death of Dr. Thomas M. Logan, first secretary of the Board,

who served from 1870 to 1876, Doctor Hatch succeeded him in office and served until his death in 1884.

Among the young physicians who were employed by the State Board of Health and the San Francisco Board of Health in 1900, when bubonic plague first appeared in the United States in San Francisco, were: Dr. Howard Morrow, now president of the California State Board of Public Health; Dr. W. R. P. Clark of San Francisco, now a member of the Board; Dr. Walter M. Dickie, now director of the California State Department of Public Health; Dr. Carleton Mathewson, now City Health Officer of Fresno; and Dr. Chester G. Woolsey of San Francisco. Several of these early-day workers in plague control were present at the dinner.

When Dr. George C. Pardee was elected Governor of California in 1901, he appointed Dr. N. K. Foster of Oakland as secretary of the California State Board of Health, and Dr. Harry E. Foster, his son, was present to acknowledge the ovation that was given to the constructive services rendered by his father, who, during his administration organized the State Bureaus of Vital Statistics, Bacteriology and Foods and Drugs; and who also instituted activities that led to the organization of concerted efforts in the control of tuberculosis. It was by means of appropriations made available through the activities of Doctor Foster that the State Tuberculosis Commission was authorized by the California Legislature and established during the secretaryship of Doctor Foster's successor, Dr. William F. Snow. The recommendations of this Commission, in which Dr. George H. Kress of Los Angeles was elected chairman, were given in a report issued by Dr. Charles C. Browning and Dr. George H. Kress, and led to the organization of the State Bureau of Tuberculosis under the California State Board of Public Health and the passage of the State Tuberculosis Subsidy Law which nullified the persistent agitation for the establishment of state tuberculosis sanatoria. The Commission had the vision and courage to battle for the solution of California's tuberculosis problem from the community rather than from the state standpoint.

Dr. Adelaide Brown of San Francisco, member of the State Board of Health from 1915 to 1930, was present to acknowledge the greetings of the assemblage for her activities in 1918 that led to the establishment of the State Bureau of Child Hygiene.

Dr. Wilfred H. Kellogg of Berkeley, who was a young bacteriologist in 1900 and co-demonstrator of the plague bacillus at that time, and who served as secretary of the State Board of Health from 1917 to 1919, and who since 1920 has been chief of the State Division of Laboratories, was given an ovation for his contributions to the state public health organization.

Dr. Walter M. Dickie, Director of the California State Department of Public Health since 1920, presented a paper upon the development of the state public health organization, and Dr. Junius B. Harris of Sacramento, who served as a member of the California State Board of Health from 1930 to 1934, addressed the meeting upon the early history of public health activities in Sacramento, presenting stereopticon slides showing portraits of the first members of the California State Board of Public Health, early-day hospitals, interiors of the offices of practitioners of medicine in the early days, and many other subjects of historical interest.

The timeliness of this meeting and the presence of blood relatives of those doctors of medicine who organized public health services in California, added greatly to the interest. Since California was the second state to establish a State Board of Health, Massachusetts having organized its Board but six months previously, the occasion was significant and emphasized the importance of medicine in its continued support of public health activities in California for more than seventy years.

TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XIII, No. 6, June, 1915

From Some Editorial Notes:

American Medical Association Meeting.—As we have previously mentioned in the JOURNAL, the American Medical Association is to meet in San Francisco during the third week of this present month of June. The House of Delegates will begin its work on Monday, and the scientific sections will begin their programs on Tuesday afternoon, Tuesday morning being given over, as always, to the general public session which will be held in the Columbia Theater, Geary and Mason streets. Wednesday was set aside by the House of Delegates as a special memorial day to commemorate the work in medicine and collateral science which led to the possibility of digging the [Panama] canal; for the canal was dug by scientific medicine and not by picks or steam shovels. . . .

Report Applicants.—Again we must urge county society secretaries to report to the State Society office the names of applicants for membership. In the last few weeks we have received notice of three new members, elected to membership in various counties, and it is absolutely certain that none of them would have been elected had the facts in our possession been known to the secretary of the local society. When a man is once in, it is not easy to get him out, and membership in the county and State Societies now means a good deal; a good deal to the member and a good deal to the Society, for any member may be the cause of an expense of thousands of dollars. . . .

Medical Pirates Convicted.—For a long time past the Federal Government, through the Post Office Department, has been getting evidence against a number of licensed medical pirates. Incidentally, it may be said in passing that this JOURNAL has for years held that the licensed physician who is doing wrong, or practicing his profession in a disgraceful manner, is infinitely more dangerous and harmful than the unlicensed person be he Chinese "herb specialist" or any other variety. But the licensed crook is hard to get. Generally he follows some one of the several lines of quackery that have been carefully worked out by clever lawyers, and are thus held just within the letter of the law. . . .

Present-Day Knowledge.—The whole range of medical activity is so great, and specialization both in research and in practice has so extended the general store of knowledge, that very few of us can say with any degree of certainty what is the present-day status of those things in medicine which do not come within our own limited range of work and interest. There are many cancer commissions and research laboratories; what is the work today on that subject? What is the trend of thought as to the causation of cancer? Has there been any material advance lately in the treatment of epilepsy, or measles or scarlet fever? It has been suggested that these are subjects which would be of interest to all of us, if a summary of today's knowledge, put authoritatively and concisely, could be placed before us. The JOURNAL is planning to do this, and to publish from month to month short articles on various phases of medicine, giving the present-day status of each particular

(Continued in Front Advertising Section, Page 22)

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By CHARLES B. PINKHAM, M. D.
Secretary-Treasurer

News

"Retirement of Dr. Oliver D. Hamlin, chief surgeon of Alameda County Hospital, will bring to an end a public service career which began in Oakland forty-five years ago. Doctor Hamlin will retire on May 20. He was 70 on April 21. . . . He has been chief surgeon at the Alameda County Emergency Hospital since 1900. During his long career he served as president of the Oakland Board of Health and chairman of the staff of Providence Hospital. He also is a past president of the Alameda County Medical Association and the California Medical Association and for fourteen years served as a state delegate to the National Medical Association. Doctor Hamlin is a nationally recognized authority on autopsy work and has been called in by other cities to aid in criminal investigations." (Oakland Post-Enquirer, May 3, 1940.)

"Nelson A. LaPlant, local massotherapist, was arrested late Monday by Joseph W. Williams, Special Investigator for the State Board of Medical Examiners, taken before Justice F. W. Sidener here and liberated under \$100 bonds to face charges of 'treating the sick and afflicted without a license.' The offense is a misdemeanor. LaPlant, Williams claimed, had posed as an osteopath and naturopath. The state officer also said LaPlant had used the title of 'doctor.' LaPlant will be charged with treating a number of local people for all types of ailments and diseases, Williams said. Among suspected treatments, also, is the case of a Chico woman for whom LaPlant is said to have set a pelvic fracture. . . ." (Orland Unit, April 11, 1940.) "N. A. LaPlant, charged with treating patients without a license, has pleaded guilty and been fined \$25 in the local justice court. . . ." (Orland Unit, April 29, 1940.)

"Dr. W. G. Cardew, seventy-two, chiropractor, was arrested last night at his Chapman Street home on charges of practicing medicine without having a state license. Complaint against Cardew was sworn in Judge Grandin H. Miller's court by Inspector T. P. Hunter of the California Board of Medical Examiners. . . ." (San Jose Mercury-Herald, April 20, 1940.) "A chiropractor was fined \$100 for practicing medicine without a license and two electricians pleaded not guilty to charges of stealing a truck tire tube. . . . Fined was Dr. W. G. Cardew, seventy-two, after he entered a guilty plea to the medical charge. . . ." (San Jose News, April 27, 1940.)

"Found guilty of the illegal practice of medicine, a misdemeanor, Jean Baudizzino, relief worker, was sentenced to 180 days in jail, suspended on condition he refrain from repeating the offense in this state for two years. . . . Baudizzino was arrested on complaints filed by numerous victims who reported that he waived his hands over them and gave them a salt solution as cures for their ailments. Condition of the sentence included order that he pay his victims a total of \$70 he reportedly mulcted from them. The case was prosecuted by Joseph Wooldridge and James Vizzard of the district attorney's office." (Kern Herald, Bakersfield, April 17, 1940.)

(Continued in Back Advertising Section, Page 35)

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6.

